

Child's age as of September 1<sup>st</sup>, 2024 \_\_\_\_\_

## St. Thomas Day School 2024-2025 Registration Form

**Office Use Only:**

2024-2025 REGISTRATION FEE (Non-Refundable) \$100.00 or \$150.00/Family \$ \_\_\_\_\_

PAYMENT METHOD: \_\_\_ CASH \_\_\_ CHECK \_\_\_ BRIGHT WHEEL AUTO DRAFT

**2024-2025 SCHOOL YEAR CLASSROOM & ATTENDANCE OPTIONS (please check class/days below):**

INFANTS (ages 6 weeks-12 months) \_\_\_ 2 days \_\_\_ 3 days \_\_\_ 5 days

TODDLERS (ages 12+ months) \_\_\_ 5 days only (Monday-Friday)

TWOS, THREES, PRE-KINDERGARTEN \_\_\_ 5 days only (Monday-Friday)

### TUITION FEES PER CLASS:

INFANTS (6 weeks-12 months) & 9:00 a.m.-1:00 p.m.	2 days \$225.00 MD & CM \$207.50	3 days \$300.00 MD&CM \$270.00	2 day- \$2,025.00 3 day- \$2,700.00
	<b>5 DAYS A WEEK:</b>		<b>ANNUAL</b>
INFANTS	\$400	CM&MD \$360	<b>\$3,600.00</b>
TODDLERS, TWOS & THREES	\$375	CM&MD \$337.50	<b>\$3,375.00</b>
PRE-KINDERGARTEN	\$400	CM&MD \$360	<b>\$3,600.00</b>

\*St. Thomas Church Members (CM) and Military Discount (MD) receive a 10% discount per month.

\*10% discount applied if full annual tuition is paid at time of registration. Only one 10% discount may be applied.

**CHILD'S FULL NAME:**

(First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

*PREFERRED NAME*

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PARENT/GUARDIAN #1 NAME:** \_\_\_\_\_

Home Address: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

**PARENT/GUARDIAN #2 NAME:** \_\_\_\_\_

Home Address: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

PRIMARY EMERGENCY CONTACT: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_ PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

SECONDARY EMERGENCY CONTACT: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_ PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

**PERSON(S) AUTHORIZED TO PICK UP MY CHILD** (besides parents/guardian or emergency contacts)

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**MEDICAL RELEASE INFORMATION. PLEASE READ AND INITIAL THE FOLLOWING:**

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of accident or emergency, as prescribed by a treating physician. I will not hold St. Thomas Day School or its employees accountable.

I hereby give permission that my child, \_\_\_\_\_, may be given emergency treatment by a staff member at St. Thomas Day School. I also give permission for my child to be transported by car or ambulance to an emergency center for treatment. I agree to not hold St. Thomas Day School and its employees accountable.

**MEDICAL/INSURANCE INFORMATION:** *(please fill in this area in detail)*

CHILD'S PHYSICIAN: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

PRE-EXISTING MEDICAL CONDITIONS, MEDICATIONS AND/OR SPECIAL REQUIREMENTS YOUR CHILD MAY NEED: \_\_\_\_\_

PRE- EXISTING ALLERGIES: \_\_\_\_\_

**PLEASE READ AND INITIAL THE FOLLOWING:**

- \_\_\_\_\_ I understand that it is a requirement for my child to be **potty trained** to attend the **three year old or Pre-K program** at St. Thomas Day School.
- \_\_\_\_\_ I give permission for my child to be filmed and/or photographed by St. Thomas Day School during the 2024-2025 school year including an updated photo that we will maintain for security purposes. I also give consent for the images to be used on Facebook, Instagram or in school publications. Names will not be published.
- \_\_\_\_\_ I give permission for child's name and family contact information to be published in the St. Thomas Day School directory.
- \_\_\_\_\_ I understand that it is the policy of St. Thomas Day School to not take teacher requests. Decisions are based on class ratios and in the best interest of the child.
- \_\_\_\_\_ I understand that if Tuition is not received by the 5<sup>th</sup> of every school month a \$25 late fee will be added to my statement.

