# ST. BARTHOLOMEW PRESCHOOL PROGRAM
# REGISTRATION FORM – PAGE 1

| FOR OFFICE USE ONLY: | |
|---|---|
| Registration & Supply Fee: | May Tuition: |

*Please fill these forms out completely. It is very important that we always have current information regarding your child, so it is your responsibility to promptly update the Preschool office if any of this information changes. Thank you!*

Child's Legal Name _____

Sex: ❑ Male ❑ Female Date of Birth _____ Age on Sept. 1, 2026 _____

Home Address & Zip code _____

Child lives with: ❑ Both Parents ❑ Mother ❑ Father ❑ Step-parent ❑ Other _____

Custody order on file with the State of Texas? ❑ Yes ❑ No (*If so, a current certified copy of the court order must be attached.)*

Are you a St. Bartholomew Parishioner _____ Parishioner Number: _____

*If No, where do you attend:* _____

**Parent Information:**

| | Mother | Father |
|---|---|---|
| Name | | |
| Address (if different) | | |
| Occupation/Employer | | |
| Cell number | | |
| Work number | | |
| Email address | | |

My child will be in normal attendance on the following days from 9:00am to 1:50pm.
Please put a 1, 2 & 3 next to your first, second & third choice of classes.

| Toddlers (18 mos.) | 2 years | 3 years ♦ | 4 years ♦ |
|---|---|---|---|
| ____ 2 Days (M/W) | ____ 2 Days (T/Th) | ____ 2 Days (T/Th) | ____ 2 Days (T/Th) |
| ____ 2 Days (T/Th) | ____ 3 Days (M/W/F) | ____ 3 Days (M/W/F) | ____ 3 Days (M/W/F) |
| | ____ 4 Days (M-Th) | ____ 4 Days (M-Th) | ____ 4 Days (M-Th) |
| | ____ 5 Days (M-F) | ____ 5 Days (M-F) | ____ 5 Days (M-F) |

Please Note: St. Bartholomew Preschool reserves the right to amend class assignments and schedules in order to maintain minimum and maximum class sizes.

♦ Must be potty trained

# ST. BARTHOLOMEW CATHOLIC PRESCHOOL
# REGISTRATION FORM – PAGE 2

**Pick Up Authorization & Emergency Contacts:** I hereby authorize St. Bartholomew Preschool to release my child or contact these individuals in case of an emergency.

| Name & Address | Relationship to child | Telephone Number |
|---|---|---|
| | | |
| | | |
| | | |

*Please Note: Anyone picking up your child will be required to present a photo ID.*

*I am NOT authorizing anyone to pick up my child as an authorized pick-up person or emergency contact.* _____

*Parent signature & Date*

**Medical Information:**

My child has any of the following special needs:

- ❑ Yes ❑ No Allergies (must have action plan and medication from the doctor before they start school)
- ❑ Yes ❑ No Existing illness
- ❑ Yes ❑ No Previous serious illness, serious injury, or hospitalization
- ❑ Yes ❑ No Medications prescribed for long-term use (even if it's not going to be given at school)
- ❑ Yes ❑ No Developmental delays (ex., cognitive, speech, hearing, motor, etc.)
- ❑ Yes ❑ No Other

If yes to any of the above, explain: _____

_____

_____ *(Please note: Further documentation may be required.)*

*I realize that I must return a completed Health Statement and Immunization Record form signed by a Healthcare Professional before my child may begin attending St. Bartholomew Preschool. All the information on this registration form is true and complete. I understand that I must update St. Bartholomew Preschool as changes occur.*

*Enrollment Agreement: We will read the Parent Handbook, which will be available online beginning in August, and pledge to abide by the operational policies therein. We also accept our financial responsibility and pledge to pay the fees and tuition.*

_____ _____

Signature – Parent or Legal Guardian Date

Registration/Supply Fees are paid once at time of Registration and are **non-refundable**. May's Tuition is collected over the summer and is non-refundable. Once Paid you are making a commitment for the full 9 months. Checks, cash (for the exact amount only) or online payments through the Preschools Faith Direct site.

*Whoever shall receive one of such children in my name, receives me: …*

*Mark 9:37*