

St. Philip Preschool Enrollment Forms
2022 - 2023 School Year

Start Date: _____

Child's Name: _____ Sex: ___ F ___ M
(Last) (First) (Middle)

Name Child Goes By: _____ Birth Date: _____

Previous School Attended: _____ How Long: _____

Child's Address: _____
(Street) (City) (Zip)

Email Address: Guardian (1) _____
Guardian (2) _____

Guardian (1): _____
(Last) (First) (Middle)

Employer: _____ Cell: _____

Guardian (2): _____
(Last) (First) (Middle)

Employer: _____ Cell: _____

Guardian's Marital Status: ___ Married ___ Separated ___ Divorced ___ Single ___ Widowed

If divorced, please give the name and address of the non custodial guardian.

Name: _____ Phone: _____

Address: _____

Does this person have permission to claim child at school? Yes _____ No _____

(If you checked "No", court documents will need to be on file at St. Philip Preschool)

Name & Ages of Siblings:

Sibling: _____ Age: _____

Sibling: _____ Age: _____

Sibling: _____ Age: _____

Child's Name: _____ Birth Date: _____

(Last)

(First)

(Middle)

Days Desired: Circle Days Requested

Infant/ Toddler: (6 weeks - 23 Months)

M T W TH F

Early Preschool: (2 - 3 Year)

M T W TH F

Preschool (3-4 years)

M T W TH F

Pre-K: (4 & up) - 3 day a week minimum enrollment

M T W TH F

Extended Day Services: (7:00 - 5:30) *Extra Charge*

AM:

M T W TH F

PM:

M T W TH F

There is a \$35 late payment fee for payments received after the 3rd of each month.

There is a \$35 NSF charge for returned charges.

The registration fee is due at the time of registration.

Registration Fee is \$100 for the 1st child, 2nd child/children is \$75.

Supply Fee is \$150/ per child/ per semester.

Monthly Tuition:

Hours: 8:30 AM - 2:30 PM

Infant/ Toddler (6 Weeks - 23 Months)	Early Preschool Class (Ages 2-3 Years)	Preschool/ Pre-K Class (Ages 3-4 & Up)
2 Days - \$310	2 Days - \$285	2 Days - \$265
3 Days - \$410	3 Days - \$385	3 Days - \$365
4 Days - \$510	4 Days - \$485	4 Days - \$465
5 Days - \$610	5 Days - \$585	5 Days - \$565

Monthly Extended Care Tuition:

Extended Hours: 7:00 AM - 5:30 PM Yearly Registration Fee: \$180

Infant/ Toddler (6 Weeks - 23 Months)	Early Preschool Class (Ages 2-3 Years)	Preschool/ Pre-K Class (Ages 3-4 & Up)
2 Days - \$430	2 Days - \$405	2 Days - \$385
3 Days - \$590	3 Days - \$565	3 Days - \$545
4 Days - \$750	4 Days - \$725	4 Days - \$705
5 Days - \$910	5 Days - \$885	5 Days - \$865

* Extended Day Afternoon snack provided

Preschool Drop-In Fee: \$45 - 8:30 AM - 2:30 PM

Extended Care Drop-In Fee: \$25 - 7:00 AM - 5:30 PM

Health Form & Medical Information

Child's Name: _____ Date of Birth: _____
(First) (Middle) (Last)

Admission Health Requirement:

One of the following must be checked for all children as well as the attached up to date immunization record.

- Health Care Professional Statement: I've examined the above named child within the past year and find that they are able to participate in a preschool program.
- A form or handwritten statement from a health care provider or clinic.
- A notarized affidavit is provided by the child's parent stating that medical diagnosis & treatment conflict with the tenets and practices of a recognized religious organization of which he parent is adherent or member OR immunization and/or TB testing would be injurious to your child or family, you must obtain a certificate signed by a health care professional to that effect and attach it to this form. '

Guardian Signature: _____

Date: _____

Physician/ Healthcare Professional Name:

Signature of Healthcare Professional: _____

Date: _____

Address:

Phone Number: _____

Immunizations:

We must be provided with documentation that has been validated by a health care professional with a signature or rubber stamp. Students may not start preschool until the office has received either current immunization records or an original Affidavit of Exemption from the State of Texas.

Please attach a VALIDATED Copy of shot records or a State Affidavit of Exemption.

Hearing & Vision Screening:

State licensing requires all *Four Year Old children* enrolled in a school program to be screened for Hearing & Vision. Hearing & Vision Screening must be completed by the healthcare provider of your choice. Please complete the following information below:

Vision R 20/ _____ L 20/ _____ _____ Pass _____ Fail

Signature: _____

Date: _____

Hearing	1000Hz	2000Hz	4000Hz		
R	_____	_____	_____	_____ Pass	_____ Fail
L	_____	_____	_____	_____ Pass	_____ Fail

Signature: _____

Date: _____

Permission for the Administration of Non-Prescription Diaper Cream

To Child Care Personnel:

I hereby give permission for the below listed non-prescription topical diaper cream or ointment to be administered to my child by a child care staff member of St. Philip Preschool.

I understand that *I must provide* St. Philip Preschool with the topical diaper cream or ointment *in the original container labeled with the child's name, name of product, and directions for administration.*

The permission is limited to the following topical medications: Diaper cream or other ointments free of antibiotic, antifungal, or steroid medications.

Child's Name: _____ Date: _____

Signature: _____

Relationship to child: _____