

St. Thomas the Apostle Preschool
Registration Form 2024-2025

Student Name: _____
 Last First M.I. Date of Birth Age Social Security #

1.) Parent/Guardian: _____ Email: _____
 Address: _____ Phone: _____
 Employment: _____ Phone: _____
 Other Info Needed: _____

2.) Parent/Guardian: _____ Email: _____
 Address: _____ Phone: _____
 Employment: _____ Phone: _____
 Other Info Needed: _____

I am registered in _____ Parish

Proof of Guardianship: If there is a custody agreement, attach the portion of the agreement that stipulates custody and other information pertinent to the school to the registration form. This is a condition of enrollment. If there is a change in the agreement notify the school immediately.

Attention New Students: Parents, please attach a copy of your son/daughter's **birth certificate and health immunization record. *If he/she is Catholic, please attach a copy of his/her baptismal record.**

Name of Persons authorized to pick up your child:

- 1.) _____ Phone _____
 2.) _____ Phone _____
 3.) _____ Phone _____

If plans change and someone other than those listed above will be picking up your child, please notify the teacher/office, in writing if possible, or with a phone call.

Approximate time your child will be dropped off _____

Approximate time your child will be picked up _____

If part time, please list days your child will attend _____