St. Thomas the Apostle Preschool

Registration Form 2026-2027

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

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 from. 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.**

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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 _____