



Little Apostles Preschool Enrollment & Tuition Policies 2010-2011

Class Options: Classes will begin September 1, 2010 and continue until May 27, 2011. Little Apostles Preschool follows LISD calendar to determine dates for holidays and other days off. In addition Little Apostles will be closed on the following days associated with Roman Catholic Holy days including November 1, December 8, and April 25.

Infants: six weeks to 13 months as of Sept. 1, 2010

*Movement from Infant to Toddler class upon discretion of director based upon age, developmental skills, and space available.

	MWF	TTh	MW	WF	5 day
--	-----	-----	----	----	-------

Toddlers: 14 months as of Sept. 1, 2010

	MWF	TTh	MW	WF	5 day
--	-----	-----	----	----	-------

2 years old as of Sept. 1, 2010

	MWF	TTh	5 day		
--	-----	-----	-------	--	--

	MWF	TTh	5 day		
--	-----	-----	-------	--	--

		TTh			
--	--	-----	--	--	--

4/5 years old Pre-Kindergarten	MWF	5 day			
--------------------------------	-----	-------	--	--	--



Monthly Tuition:

	Parishioner*	Non-Parishioner
--	--------------	-----------------

Toddlers to 5 years, and Pre-Kindergarten		
2 days	\$190.00	\$220.00
3 days	\$265.00	\$295.00
5 days	\$385.00	\$415.00

Infants: six weeks to 13 months		
2 days	\$220.00	\$250.00
3 days	\$295.00	\$325.00
5 days	\$415.00	\$445.00

*Parishioner status determined by church administration guidelines.

Enrollment and Supply Fees: Non-refundable fees due at the time of enrollment (per child)

- \$100 enrollment fee
- First semester supply fee:

2 days—\$50	3 days—\$75	5 days—\$100
-------------	-------------	--------------



Additional Non-refundable fees due:

- Second semester supply fees will be due in January.
- Tuition for September 2010 due by May 15, 2010 (after May 1, due upon enrollment)

<p>Tuition Payment Schedule:</p> <p>**Payment received after the due date subject to late fee.</p>	<p>Due Date**:</p> <p>May 15, 2010</p> <p>September 15, 2010</p> <p>October 15, 2010</p> <p>November 15, 2010</p> <p>December 15, 2010</p> <p>January 15, 2011</p> <p>February 15, 2011</p> <p>March 15, 2011</p> <p>April 15, 2011</p> <p>May 15, 2011</p>	<p>Tuition Month:</p> <p>September 2010 (non-refundable)</p> <p>October 2010</p> <p>November 2010</p> <p>December 2010</p> <p>January 2011</p> <p>February 2011</p> <p>March 2011</p> <p>April 2011</p> <p>May 2011</p> <p>September 2011 (Returning students ONLY)</p>
---	---	---

We're going
green.

Sign up for the
new paperless
billing option!

Please Note: Enrollment placement is subject to minimum and maximum space available in each class. If a class is full, your child will be put on a wait list. Wait lists will be opened based upon space available after May 16th.

Days enrolled: _____ Teacher: _____ 1st Day of Class: _____ I T 2 3 4 Pk
 St. Philip I.D.# _____ Staff Child: Y N Infant: Y N Total # of Family enrolled _____
 Amount paid \$ _____ ck# _____ Cash _____ Staff Initials: _____ Date Fees collected: _____
 (Enroll Fee:\$ _____ Supply fee:\$ _____ Tuition: \$ _____)

Little Apostles Preschool - St. Philip the Apostle Catholic Church
Enrollment Agreement 2010-2011

Child's Full Name _____ M ___ F ___ Date of Birth _____

Home Address _____ Phone _____

City _____ Zip Code _____

Primary Language: _____ Does Does Not speak English

Mother's Full Name _____ DL# _____

Occupation _____ Company Name _____

Work Phone _____ Cell Phone _____

E-mail _____ Religion _____

Father's Full Name _____ DL# _____

Occupation _____ Company Name _____

Work Phone _____ Cell Phone _____

E-mail _____ Religion _____

Siblings (name, age) _____

Child lives with: ___ Both Parents ___ Mother ___ Father ___ Other _____

(specify relationship)

PLEASE INITIAL ALL THAT APPLY:

___ **I understand** that my child will not be transported off St. Philip the Apostle Catholic Church premises unless necessary as determined by an emergency. These may include but are not limited to an accident, injury or illness or other situation that may require evacuation.

___ **Yes**, send me information via email (i.e. newsletters, calendars, reminders) Email: _____

___ **I do give permission** ___ **I do not give permission**
 for my child to participate in water activities limited to sprinkler play, water toy play, and/or water table play.

___ **I do give permission** ___ **I do not give permission**
 to Little Apostles Preschool to photograph my child. These photos will be used for class room projects, school displays and/or projects that will be sent home to the family, including class pictures and yearbooks. They will not be submitted to any outside sources, such as any publications or media. These photos are for the sole purposes of building self esteem and for the enjoyment of the children and their families.

___ **I understand** that I am to provide my child with a nutritional lunch each day of attendance. **I understand** that Little Apostles Preschool will provide a nutritious snack each day, but **I will not** hold them accountable for meeting the nutritional needs of my child.

___ **I give my permission** ___ **I do not give permission**
 to Little Apostles Preschool to use my child's personal information for use in a school directory. This information will be for the sole purpose of connecting families of the school together. **No person or outside sources** will be granted permission to use this publication for any unauthorized use. The following information may be included. Please *initial* all that apply.

___ **Child's Name** ___ **Parents' Names** ___ **Address** ___ **Home Phone**

___ **I understand that I am responsible for current policies, enrollment, supply and tuition fees**

___ **Please enroll me in electronic email billing at email address:** _____

Parent/Guardian Signature: _____ Date: _____



Little Apostles Preschool
St. Philip the Apostle Catholic Church
Emergency Release Form

TO WHOM IT MAY CONCERN:

We are the natural parents, adopted parents, or legal guardians of _____.
During our absence our child has been placed in the care of the bearer of this statement, Little Apostles Preschool at St. Philip the Apostle Catholic Church and it's representatives, who are empowered by this statement to call for any and all medical care and assistance necessary in the event of injury, accident or illness involving our child, including necessary transportation. It is the intention of us as parents, legal guardians that this statement serves as authorization for such emergency medical care to be administered.

I agree that the Diocese of Fort Worth, St. Philip the Apostle Catholic Church, Little Apostles Preschool, the parish and/or the staff SHALL NOT BE responsible in case of sickness or injury to my child.

In the event that further medical consultation is required, the physician who has most recently examined my child is:

Physician's Name _____
Phone Number _____
Office Address _____
Hospital Preference _____

Insurance Company: _____
Name of Insured: _____
Policy #: _____ Group #: _____
Customer Service phone: _____

* The Preschool staff is authorized to contact the following persons in the event of an emergency if parents/guardians can not be reached.

* The staff is also authorized to release my child to the following persons.

(List at least 1 local contact)

Name _____ Relation _____
Driver's License Number _____ Hm. Phone _____
Work Phone _____ Cell Phone _____
Address _____

Name _____ Relation _____
Driver's License Number _____ Hm. Phone _____
Work Phone _____ Cell Phone _____
Address _____

RELEASING POLICY: No child shall be released to any unauthorized person unless advance written notice is given. When dropping off and picking up the child, the teacher must be made aware of the child's arrival and departure.

The following information should be known about my child:

Is this the first time your child is attending preschool? _____

ALLERGIES: _____

Special Medical Conditions: _____

Restroom Readiness: (circle one) Diapers Pull-ups Needs assistance Independent

Parent/Guardian Signature: _____ Date: _____

Little Apostles Preschool
St. Philip the Apostle Catholic Church

Health Statement

To be completed by parent:

Child's name _____ Sex: M F Birth date: _____

List any recent illness _____

List any allergies (food, medications, etc.) _____

List any medications taken by your child on a regular basis _____

If your child has been hospitalized within the last 12 months, please describe:

List any other health conditions for which your child may require special treatment or care:

Name of parent or guardian (please print): _____

Signature or parent or guardian: _____ Date: _____

Physician's Examination and Immunization Record

To be completed by physician:

Name of Physician or clinic: _____

Address: _____

Date of Exam _____ Child's age this date _____ years _____ months

Height _____ Weight _____ Blood Pressure _____

Other Tests _____

Children over 4 years:

Vision: _____ right _____ left

Hearing: _____

I have examined the child named on this form and find that he/she **IS / IS NOT** able to participate in this program. I have examined the immunization record and attest that it is a true and accurate listing.

Physician's Signature _____ date _____

Immunization Record (Please attach copy)

Be sure the immunization record is **VALIDATED by your doctor or clinic!