



## 2018-2019 Preschool Registration Checklist

- \_\_\_\_\_ Student Registration Form
- \_\_\_\_\_ 2018-2019 Billing Agreement Form
- \_\_\_\_\_ \$175 Non-Refundable Registration Fee, per family (**Separate From K-8 Registration Fee**)
- \_\_\_\_\_ Tuition Payment Plan Form
- \_\_\_\_\_ Student's Birth Certificate (electronic or hard copy)
- \_\_\_\_\_ Baptismal Certificate (electronic or hard copy) or Non-Catholic Agreement Form
- \_\_\_\_\_ Preschool Medical Record Form (Due August 3rd)
- \_\_\_\_\_ Proof of Residency (**Cincinnati Public School Residents Only**)

If you have any questions concerning the registration process or required forms, please contact

Jill Buchmann at 624-3141 or [jbuchmann@gaschool.org](mailto:jbuchmann@gaschool.org).

## 2018-2019 Preschool Registration



Date Rec: \_\_\_\_\_  
 New Fam: \_\_\_\_\_  
 Pymt: \_\_\_\_\_  
**For Office Use**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Goes by: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_ Religion: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ City, State of Birth: \_\_\_\_\_

Student's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

*Child resides with:* \_\_\_\_\_  Custody papers provided if divorced

U.S. Citizen: Yes \_\_\_ No \_\_\_

**GA Active Parishioner:** Yes \_\_\_ No \_\_\_ (Please review criteria to be considered active parishioner.)

Sacraments Received:	Date	Church	City/State
Baptism	____/____/____	_____	_____
First Communion	____/____/____	_____	_____
Confirmation	____/____/____	_____	_____

Race:  American Indian     Asian     Black     Hispanic     Multi-  
 Racial Native Hawaiian     Pacific Islander     White

**Registering for Grade (please circle):**      **Preschool (3 & 4 year olds)**    or    **Pre-K (4 & 5 year olds)**

**School District of Residence:**

\_\_\_\_ Forest Hills    \_\_\_\_ Cincinnati\*    \_\_\_\_ Milford    \_\_\_\_ West Clermont    \_\_\_\_ New Richmond    \_\_\_\_ Other

**\*Families living in the Cincinnati Public School District need to provide proof of residency to the GA School Office. This proof has a name, date, and address but cannot be a driver's license. (ex. Utility bill) ELECTRONIC OR HARD COPY**

**Public School Of Residence:** \_\_\_\_\_ (ex. Maddux, Wilson, Mt. Washington, etc)



### Preschool Registration (continued)

#### FATHER

Father's First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Goes by: \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer \_\_\_\_\_  
Address & Home Phone (if different than student's): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_@\_\_\_\_\_  
Marital Status:  Married  Remarried  Separated  Divorced  Deceased US Citizen:  Yes  No  
City/ST of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_ Graduate of GA:  Yes  No Yr: \_\_\_\_\_

**ADDITIONAL COMMENTS:** \_\_\_\_\_

#### MOTHER

Mother's First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Goes by: \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Address & Home Phone (if different than student's): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_@\_\_\_\_\_  
Marital Status:  Married  Remarried  Separated  Divorced  Deceased US Citizen:  Yes  No  
City/ST of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_ Graduate of GA:  Yes  No Yr: \_\_\_\_\_

**ADDITIONAL COMMENTS:** \_\_\_\_\_

#### EMERGENCY MEDICAL CONTACTS

List additional contacts in case the Mother and Father previously listed cannot be reached:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

#### SIBLINGS

List siblings registered at Guardian Angels:

Name: \_\_\_\_\_ Gr. \_\_\_\_\_ Name: \_\_\_\_\_ Gr. \_\_\_\_\_

Name: \_\_\_\_\_ Gr. \_\_\_\_\_ Name: \_\_\_\_\_ Gr. \_\_\_\_\_

List siblings not attending Guardian Angels:

Name: \_\_\_\_\_ Age \_\_\_\_\_ Name: \_\_\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Name: \_\_\_\_\_ Age \_\_\_\_\_



## 2018-2019 Billing Agreement Form

<b>Student Name</b>	<b>Grade: 2018-2019</b>	
1.		
2.		
3.		
4.		
5.		
<b>Legal Guardian(s):</b>		
<b>Address:</b>		
<b>Email:</b>		
<b>Home Phone:</b>	<b>Work:</b>	<b>Cell:</b>
<b>Party Responsible for Payment:</b>		
<b>Email:</b>		
<b>Home Phone:</b>	<b>Work:</b>	<b>Cell:</b>
<b>*Are You an Active Member of Guardian Angels Parish?</b>	<b>Yes</b>	<b>No</b>
Please enter your church envelope number:		
<b>Total Number of Children Enrolling:</b>	<b>Total Tuition Due:</b>	

To complete the registration, NEW families must enroll in FACTS and select a payment plan. FACTS can be accessed on the GA website under Links. CURRENT families do not need to re-enroll in FACTS and their payment plans will roll over for the 2018-2019 school year. If CURRENT families would like to make changes to their payment plans, please call the Business Office at 624-2200.

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\*An active member is registered, attends mass regularly, financially supports the parish, and participates in voluntary activity.



## 2018-2019 Tuition Payment Plan Form

**ALL TUITION IS PAID THROUGH FACTS MANAGEMENT COMPANY – NO EXCEPTIONS.**

Guardian Angels School Families have four options to pay 2018-2019 tuition.

Please circle one of the following:

**PLAN A** – One full payment.

Must be paid by **JUNE 20, 2018**.

**PLAN B** – Two Payments.

½ paid by **JUNE 20, 2018** and ½ paid by **AUGUST 20, 2018**.

A fee of \$20 is charged for this plan.

**PLAN C** – Seven payments.

½ paid by **JUNE 20, 2018** and ½ paid in six equal monthly payments from **JULY 20 – DECEMBER 20, 2018**.

A fee of \$60 is charged for this plan.

**PLAN D** – Ten payments

Ten equal monthly payments from **JUNE 20, 2018 – March 20, 2019**.

A fee of \$100 is charged for this plan.

All payments must be current to avoid a late fee of \$10 per month.

FACTS can be accessed from the Guardian Angels School website. All NEW GA families must register in FACTS. Payment may be made by check, automatic withdrawal, or credit card (a 2.5% convenience charge may be applied).

**New Families who have not registered in FACTS by June 20, 2018 will be automatically placed in PLAN D.**

I agree that I am legally bound to make full payments, less any tuition assistance, for each of my children attending Guardian Angels School using the payment plan selected.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## 2018 – 2019 Preschool/Pre-K

### Pre-K

(4 & 5 year olds expected to attend Kindergarten the following Fall)

Monday through Friday: 8:00-2:45

Program Cost: \$3,500

### Multi-Aged Preschool

(3 by 9/30 & Potty-Trained)

(4 by 9/30)

Monday through Friday: 8:00-2:45

Program Cost: \$3,500

### Admission Priority

1. Siblings of current GA students.
2. Current, active GA parishioners.
3. New families also enrolling a school aged student.
4. New families (prioritized by date of enrollment)



## Non-Catholic Agreement Form

We, the undersigned, seek admission to Guardian Angels School for our child,

\_\_\_\_\_

We acknowledge the following:

1. That the Faith Church Affiliation of our child is fully determined by the church in which he/she is baptized.
2. That he/she will be required to participate in all Catholic religious education that is part of the curriculum of the school and attend liturgical services during school hours.
3. That we know that such instruction does not entitle the child to participation in Catholic sacraments, Including: Communion, Reconciliation (Confession) and Confirmation.
4. That it is our responsibility to explain to our child why the sacraments will not be received with the other members of the class.

Parent/Guardian \_\_\_\_\_

Date: \_\_\_\_\_



# Preschool Medical Record Form

Form must be returned to school office by August 3rd.

Child's Name: \_\_\_\_\_  Female  Male Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

**In case of emergency:** Preferred Hospital: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

This section is to be completed by physician and/or other appropriate medical personnel:

DTaP or DPT \_\_\_\_\_ POLIO \_\_\_\_\_

MMR \_\_\_\_\_ HEPB \_\_\_\_\_ Varicella \_\_\_\_\_

HIB \_\_\_\_\_ HEPA \_\_\_\_\_ Rotavirus \_\_\_\_\_

Pevnar \_\_\_\_\_ Annual Flu \_\_\_\_\_ Hib \_\_\_\_\_

**TB Test:** (Required for all students from outside the U.S. within 90 days) Date: \_\_\_\_\_ Type: \_\_\_\_\_ Result: \_\_\_\_\_

**Visual Acuity** R \_\_\_\_\_ L \_\_\_\_\_ Muscle Balance Far \_\_\_\_\_ Near \_\_\_\_\_

**Hearing Acuity** R 1000 Hz at 20 Db \_\_\_\_\_ L 1000 Hz at 20 Db \_\_\_\_\_

2000 Hz at 20 Db \_\_\_\_\_ 2000 Hz at 20 Db \_\_\_\_\_

4000 Hz at 20 Db \_\_\_\_\_ 4000 Hz at 20 Db \_\_\_\_\_

**Speech:** Normal \_\_\_\_\_ Delayed \_\_\_\_\_ **Communications:** Normal \_\_\_\_\_ Delayed \_\_\_\_\_

If delayed, please explain. \_\_\_\_\_

Do you feel there may be a need for further screening for developmental disorders? No \_\_\_ Yes \_\_\_ (If yes, please explain.)

**Allergies:** \_\_\_\_\_

**Medication:** \_\_\_\_\_

**Medical Conditions/Diseases:** \_\_\_\_\_

Is child able to participate in all regular physical and athletic activities? Yes \_\_\_ No \_\_\_ Restrictions: \_\_\_\_\_

Based upon his/her medical history and physical condition at the time of this examination, this child is free from communicable disease and is in suitable condition for enrollment in school.

**Physician's Name: (Please Print)** \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## **Consent to Release**

During the 18-19 school year, an image or video of your child may be used in a number of media platforms to help communicate information about Guardian Angels School and/or promote our school in the community. This includes the school website, social media pages, and media releases. We do not list last names, with the exception of media releases which often require us to include that information. If you do not want to be included in any photos or videos released through these platforms, please contact the school office. Opting out, would remove you from all of the platforms mentioned above.

## **Email Sharing Within GA Organizations**

Your email address will be shared with other Guardian Angels organizations; this includes classroom coordinators, athletic boosters, youth ministry, PTA, music boosters, and 8<sup>th</sup> grade fundraising team (8<sup>th</sup> grade parents only). These organizations may need to contact you at some point throughout the school year. Your family's contact information will also be included in the PTA directory. If you do not want to be included in any/all of the pieces above, please contact the school office. Opting out, would remove you from email lists from all organizations mentioned above.