

**APPLICATION FOR ADMISSION
ST. TERESA OF AVILA PRESCHOOL PROGRAM
REGISTRATION FEE IS NON-REFUNDABLE
2026-2027**

Child's Full Name _____ Prefers to be called _____

Birthdate ____/____/____ Age ____ (as of Sept. 1,2026) Male Female (circle one)

Parish you attend _____

FAMILY INFORMATION (fill out completely)

Home Address _____ Home Phone (____)____-____

City, State, Zip _____ E-Mail _____

Father's Name _____ Occupation _____ Cell Phone (____)____-____

Business Address _____ Work Phone (____)____-____

Mother's Name _____ Occupation _____ Cell Phone (____)____-____

Business Address _____ Work Phone (____)____-____

Does child live with both parents? ____Yes ____No
Who has custody of the child? ____Joint ____Mother ____Father ____Other(____)

This child may be released only to the person(s) signing this agreement, to either the person listed as Father or Mother, or to one of the following:

*1. _____ Phone (____)____-____ Relationship _____

2. _____ Phone (____)____-____ Relationship _____

3. _____ Phone (____)____-____ Relationship _____

*In the case of emergency, when the child's parent cannot be reached, this person should be contacted.

FOR OFFICE USE ONLY

M TU W TH F 1 2 3 4

Special Instructions _____

Date of Application ____/____/____ Registration Fee: Amount Paid \$ _____ cash check# _____

**CHILD'S PERSONAL DESCRIPTION
ST. TERESA OF AVILA
2026-2027 PRESCHOOL PROGRAM**

Child's Full Name _____ Prefers to be called _____

Birth Date ____ / ____ / ____

List the names and ages of brothers and sisters of this child:

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____

Do you speak a language other than English at home? Yes _____ No _____
If yes, please specify what kind:

Is this child toilet trained? Yes _____ No _____
Specify what word they use for urination _____? Bowel movement _____?

Does this child sleep well? _____

What are this child's favorite indoor activities? _____

What are this child's favorite outdoor activities? _____

Does this child enjoy water play? _____

Are there any special fears this child has? _____

Does this child have any speech problems? _____

Does this child have any other special problems of which we should be aware of?

What method of discipline is used in your home? _____

How would you describe your child's personality?

Is there any other information about your child – special likes or dislikes or ways you give care that would be helpful for our teachers in order to better care for your child?

**CHILD'S HEALTH STATEMENT
ST. TERESA OF AVILA
2026-2027 PRESCHOOL**

Full name of child _____

MEDICAL HISTORY

Please list any and all allergies your child has:

Is there any evidence of:

Hearing loss or difficulties? _____

Vision difficulties? _____

Speech difficulties? _____

List any hospitalizations and/or surgeries:

Are there any serious illnesses the staff should be aware of? Please list.

List any medications and drugs taken regularly by the child. (Staff will not be responsible for administering and medication.)

Are all immunizations up-to-date? ____ Yes ____ No If no, reason: _____

Other remarks regarding physical conditions (include any bladder or urination problems).

I will update this file with any changes as they occur.

MEDICAL RELEASE

In the event of an emergency and my child has been injured at the Preschool Program of St. Teresa of Avila Catholic Church AND I cannot be reached at the emergency number left, the staff at St. Teresa of Avila has my permission to seek medical treatment at the nearest Medical Clinic or Hospital.

Child's Doctor _____ Physician's telephone _____

Preferred Hospital _____

Parent's Signature _____ Date _____

**St. Teresa of Avila
Preschool Program**

Notice of Exemption

I have been informed that this program is not a licensed childcare facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

**St. Teresa of Avila
Preschool Program**

Notice of Video

Video notice: Video of the child during the St. Teresa of Avila's Preschool Program, to appear on tv screen at the entrance of the Education building during school hours. May also be used in case of an emergency.

**ST. TERESA OF AVILA
PRESCHOOL PROGRAM**



Parental Agreement

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g. telephone numbers, work location, emergency contacts, child's physician, child's health status, and immunization records, etc.

I have received a copy and agree to abide by the policies and procedures as outlined in the Parent Handbook.

Signature (Parent/ Guardian)

Date

**St. Teresa of Avila
Preschool
Photo Release Form**

Participant's name: _____

Birth date: _____ Gender: _____

Parent/Guardian's name: _____

Home address: _____

Home phone: _____ Business phone: _____

Mobile phone: _____ Email: _____

Photo Release for Internet and Newsletter: I hereby grant permission for photographs taken of my child during the St. Teresa of Avila's Preschool Program, to appear on one of the following communication medium of St. Teresa of Avila Catholic Church: *www.st-teresa.com* (The website of St. Teresa of Avila Catholic Church). I understand that images of my child will be used only in relation to these publications relevant to this liability form. Any other use of said images will require my full written consent.

My signature confirms my approval of said photos and recognition of my consent.

Signature of Parent: _____ Date: _____