



2019-2020 Preschool Registration Checklist

- _____ Student Registration Form
- _____ 2019-2020 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 5th**)
- _____ 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.

2019-2020 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 ___

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)**
** expected to enter Kindergarten the following school year

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)

PRIMARY CONTACT

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
 Religion: _____ Graduate of GA: Yes No Yr: _____

SECONDARY CONTACT

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
 Religion: _____ Graduate of GA: Yes No Yr: _____

EMERGENCY MEDICAL CONTACTS

List additional contacts in case the Primary and Secondary 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 _____



2019-2020 Billing Agreement Form

Student Name		Grade: 2019-2020	
1.			
2.			
3.			
4.			
5.			
Legal Guardian(s):			
Address:			
Email:			
Home Phone:	Work:	Cell:	
Party Responsible for Payment:			
Email:			
Home Phone:	Work:	Cell:	
Total Number of Children Enrolling:		Total Tuition Due:	

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 2019-2020 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 _____



2019-2020 Tuition Payment Plan Form

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

Guardian Angels School Families have four options to pay 2019-2020 tuition.

Please circle one of the following:

PLAN A – One full payment.

Must be paid by **June 20, 2019**.

PLAN B – Two Payments.

½ paid by **June 20, 2019** and ½ paid by **August 20, 2019**.

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

PLAN C – Six payments.

Six equal monthly payments from **June 20, 2019 – November 20, 2019**.

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

PLAN D – Ten payments

Ten equal monthly payments from **June 20, 2019 – March 20, 2020**.

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, 2019 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



2019 – 2020 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: \$3,605

3-4 Year Old Preschool

(3 by 9/30 & Potty-Trained)

(4 by 9/30)

Monday through Friday: 8:00-2:45*

Program Cost: \$3,605

***Extended Care available until 6:00pm**



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 5th.

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 2019-20 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.

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 8th grade fundraising team (8th 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.