



St. Andrew the Apostle Preschool — Little Angels Academy

27 Kresson-Gibbsboro Road
 Gibbsboro, NJ 08026
 856-435-1585 www.ChurchofSaintAndrews.org

Enrollment Form 2021-2022

"Let the little children come to me"
 Mt 19:14

Child's Name	Child's Date of Birth	M	F
Parent / Guardian Name	Parent / Guardian Name		
Primary Phone	Secondary Phone		
Address	Address		
City, State, Zip	City, State, Zip		
Primary Email	Secondary Email		
Are you registered at St. Andrew the Apostle Parish? Y N If not, to which parish do you belong? _____	Parent Occupation	Parent Occupation	

Please circle your class selection below. Registration fee = \$150 **To enroll your child, please include the \$150 registration fee along with one month tuition which will be applied to the month of June.**

Half Day Programs (9am-12pm)	Tuition—Monthly Installments	Annual Tuition (Sept—June)
2 1/2 Year Old - 2 days per week (T, R)	\$250	\$2,500
2 1/2 Year Old - 3 days per week (M, W, F)	\$300	\$3,000
3 Year Old - 2 days per week (T, R)	\$310	\$3,100
3 Year Old - 3 days per week (M, W, F)	\$340	\$3,400
4 Year Old - 4 days per week (M - Th)	\$375	\$3,750
4 Year Old - 5 days per week (M - F)	\$450	\$4,500
Kindergarten AM/PM - 5 days per week	\$500	\$5,000

PLEASE CIRCLE YOUR PREFERRED KINDERGARTEN SESSION: MORNING AFTERNOON

Little Angels programs run from September through June.

Full Time Preschool Programs are available. Before and After School care is also available.

For more information about our full day programs, please contact the school office at 856-435-1585.

The registration fee and the tuition deposit (one month) is Non-Refundable for any reason and is required to secure your child's placement at Little Angels Academy.

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Permission to Share Contact Information

I hereby give permission to our home mailing, telephone number and email address to be released for the Class List. I understand that this list is distributed only to Little Angels Academy teachers and families in my child's class and will be used for school related functions such as phone trees for inclement weather, carpools, and social events both inside and outside of the classroom.

Parent / Guardian Signature

Emergency Notification: In the event of a school emergency, or if my child should become ill during the day, the following individuals are authorized to pick up my child from the school premises.

Name	Phone Number	Relationship to Child

Child's Physician's Name	Phone Number	Hospital Affiliation
Child's Dentist's Name	Phone Number	

In case of emergency, every effort will be made to notify parents and contact the child's physician immediately. If it is necessary to have the child transported to a hospital, I agree to pay all of the costs and / or fees associated with the emergency medial care or treatment for my child as secured or authorized under this consent.

Parent / Guardian Signature

Stewardship

I am interested in becoming a member of the Little Angels parent advisory group.	Y	N
I am interested in volunteering at Little Angels Academy as a classroom aide or office volunteer.	Y	N
I am interested in participating in a faith sharing group with other parents during school hours.	Y	N
I am interesting in learning about some of the ministry opportunities at St. Andrew the Apostle.	Y	N
I am interested in participating on the Development / Advancement Committee for Little Angels	Y	N

Little Angels Academy...Forming Young Minds and Hearts to Bring the Light of Christ into the World