

REGISTRATION FORM
PRE-KINDERGARTEN 3 YR. & 4 YR. PROGRAM
St. Thomas the Apostle School, 333 Route 18, Old Bridge, NJ 08857
732-251-4000 ext. 8229 or ext. 8253

(Please fill out entire registration form and print legibly.)

Family Name: _____

Child's Name: _____ Male ___ Female ___

Child's Date of Birth _____

Mailing Address: _____

Town: _____ State: _____ Zip: _____

Home Telephone #: _____

Email Address: _____

Student Data:
 African American: _____ Asian: _____ Caucasian: _____ Hispanic: _____

Language Spoken at home other than English: _____

How did you hear about our school?
 Newspaper ad ___ Referred by Family/Friend ___ Social Media ___ Other _____

Registered Parish: _____

Father: _____
 (Last Name, First Name)

Father's Occupation: _____ Father's Religion: _____

Father's Cell #: _____

Mother: _____
 (Maiden Name, First Name)

Mother's Occupation: _____ Mother's Religion: _____

Mother's Cell #: _____

Marital Status:
 Married: _____ Divorced: _____ Child resides with: _____

FOR OFFICE USE ONLY:

Tuition is paid through SMART Tuition. You must register for SMART. Payments will be automatically deducted from your designated account. Enroll at www.enrollwithsmart.com

A \$125 Non-Refundable Registration Fee is due with the Registration Form

Check #: _____ Cash: _____ Date Paid: _____

_____ SMART Tuition

_____ Birth Certificate

_____ Baptismal Certificate

_____ Immunization Record

Enrollment is for one year in 11 monthly payments beginning in August.
 Families enrolling more than one child in the Pre-K program will receive a 20% discount in tuition.

Pre-K 4yr olds			
_____	7:45 a.m.-2:00 p.m.	Mon. thru Fri.	\$6,402/yr
_____	7:45 a.m.-2:00 p.m.	Mon/Wed/Fri	\$4,103/yr
Pre-K 3yr olds			
_____	7:45 a.m.-12:00 noon	Tuesday/Thursday	\$1,595/yr
_____	7:45 a.m.-2:00 p.m.	Tuesday/Thursday	\$3,003/yr

PARENT SIGNATURE: _____

DATE: _____