



**CATHOLIC CHURCH • PRESCHOOL**

3 Village Road  
Newnan, Georgia 30265  
678-854-9990, Fax 770-253-1290,  
GDeGennaro@smmcatholic.org  
Director: Gina M. DeGennaro

FOR OFFICE USE:
Date: _____
Cash/Check# _____
Amount _____

### 3 YEAR OLD

Child must be 3 by September 1, 2019  
and **potty trained/independent in the bathroom**  
(i.e. undress/dressing, wiping, and hand-washing)

### 2019-2020 Registration

Child's Name \_\_\_\_\_  
Nickname \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_  
Gender (circle)    Male    Female  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Are you a registered St. Mary  
Magdalene Parishioner? \_\_\_\_\_  
Religion (all faiths welcome) \_\_\_\_\_

Mom's Name \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Employer \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

Dad's Name \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Employer \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

Child lives with \_\_\_Mother \_\_\_Father \_\_\_Both \_\_\_Other please explain \_\_\_\_\_

### CLASS SELECTION

Preschool Hours: 9:00 am – 12:30 pm

Class:

4 days a week (M-Th only) = \$175.00 a month

*One discount per family may apply:*  
\* Multiple child discount of 3% off youngest student **or**  
\* Referral discount of 3% off youngest student **or**  
\* Lump sum tuition discount of 5% if paid by August 16, 2019

**Nonrefundable Registration Fee (due at time of registration) = one month's tuition \***

*\*tuition discounts do not apply to the registration fee*

*Nine equal payments are due on the first of each month starting in September. Notification must be made by July 1, 2019 if a registered student withdraws from Saint Mary Magdalene Preschool. **Payment of the registration fee will hold your child's place in our program.***

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

Do you have any other children? What are their names and ages? \_\_\_\_\_

What type of social interaction has your child had thus far? \_\_\_\_\_

Has your child been diagnosed with any special needs? \_\_\_\_\_ please specify \_\_\_\_\_

Please list any special medical/physical conditions about your child, including seizures, asthma, diabetes, drug reactions, allergies, etc... \_\_\_\_\_

Is there any other important information you can share that may be helpful to your child's experience at Saint Mary Magdalene Preschool? \_\_\_\_\_

How did you hear about our preschool? (Circle One and complete where necessary)

A) Local Newspaper

B) A Friend

C) *Just 4 Families Digest*

D) Social Media (type: Facebook; Website; \_\_\_\_\_ )

E) Other \_\_\_\_\_