

SAINT ANDREW PRESCHOOL

2026

SUMMER REGISTRATION FORM

CHILD'S NAME _____ DATE OF BIRTH _____

SEX: M ___ F ___ TELEPHONE NUMBER: _____ EMAIL: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

LIST OF ALLERGIES OR ILLNESS: _____

MOTHER'S NAME: _____ FATHER'S NAME: _____

MOTHER'S CELL NUMBER: _____ FATHER'S CELL NUMBER: _____

CHILD'S LIVING ARRANGEMENTS: BOTH PARENTS: _____ MOTHER: _____ FATHER: _____

LIST TWO EMERGENCY CONTACTS IN ADDITION TO MOTHER AND/OR FATHER:

1) _____

NAME

PHONE NUMBER

2) _____

NAME

PHONE NUMBER

I UNDERSTAND THAT ST ANDREW CATHOLIC CHURCH PRESCHOOL IS NOT REQUIRED TO BE LICENSED BY THE STATE OF GEORGIA AND IS MONITORED BY THE ARCHDIOCESE OF ATLANTA OFFICE OF CATHOLIC SCHOOLS.

As the parent or legal guardian of the above child, I hereby give my consent for the emergency medical care prescribed by a duly licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or wellbeing of my dependent. I will hold employees of St Andrew Catholic Church Preschool free from any claim and/or liability of any kind or character in connection therewith. I agree to assume all financial responsibility.

CHILD'S PHYSICIAN: _____ TELEPHONE: _____

CHILD'S DENTIST: _____ TELEPHONE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

WEEKS ATTENDING:

For planning purposes please indicate below the weeks
your child WILL attend camp.

June 22 nd – June 26 th	Cooking	_____
June 29 th – July 3 rd	Festivals Around the World	_____
July 6 th – July 10 th	Out of This World	_____
July 13 th – July 17 th	Hawaiian Week	_____
July 20 th – July 24 th	Christmas in July	_____

Hours:

Monday-Friday 9am – 12 noon

Snacks Provided

PRICING:

Camp is \$150 per week per child

There will be a onetime registration fee of \$25 per child

*Payments are due Monday each week of Camp

**** There will be NO camp on Friday, July 3rd

To make up the missing day camp hours will be 9am to 1pm this week only!