



St. Andrew the Apostle Preschool – Little Angels Academy

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

Enrollment Form 2026-2027

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 is \$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	\$300	\$3,000
2 1/2 Year Old - 3 days per week (M, W, F)	\$375	\$3,750
3 Year Old - 2 days per week	\$325	\$3,250
3 Year Old - 3 days per week (M, W, F)	\$375	\$3,750
3 Year Old - 4 days per week (M, T, W, R)	\$480	\$4,800
3 Year Old - 5 days per week	\$550	\$5,500
4 Year Old - 4 days per week (M - Th)	\$480	\$4,800
4 Year Old - 5 days per week	\$550	\$5,500

Little Angels Academy school year runs from September through June. A Full Time or extended day preschool program is available through enrollment in our Before and After School Care program.

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

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

Office Use Only: Enrollment Date: _____ Reg. Fee Rec'd: _____ Cash / Check #: _____ (Revised: 1/2026)

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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

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

A Little Info About My Child

Please provide any information that would be helpful for us to know about your child.
Please let us know if your child has any food allergies, medical conditions including any special needs or personal preferences.