

2026 - 2027

# Saint Brigid Day School Application

Please Attach  
Child's Picture  
Here



## FAMILY INFORMATION

Child's Name (First/Middle/Last): \_\_\_\_\_ Age (by 9/1/26): \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male |  Female

Mother or Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Subdivision: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work/Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_ Religious Denomination: \_\_\_\_\_

Church Member of and Envelope #: \_\_\_\_\_

Father or Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Subdivision: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work/Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_ Religious Denomination: \_\_\_\_\_

Church Member of and Envelope #: \_\_\_\_\_

Person Accepting Responsibility for Financial Obligations: \_\_\_\_\_

Child Lives with:  Mother |  Father |  Both |  Other (Explain): \_\_\_\_\_

Parents are (check all that apply):  Married |  Divorced |  Widowed |  Separated

Any Siblings Applying to Saint Brigid Day School:  Yes |  No

Names/Age Levels: \_\_\_\_\_

Names/Age Levels: \_\_\_\_\_

Names/Age Levels: \_\_\_\_\_

## For Office Use Only

Date Accepted: \_\_\_\_\_  File Complete

Enrolled In: Age Group: \_\_\_\_\_ Days: \_\_\_\_\_  Registration Ck #: \_\_\_\_\_ Amount: \_\_\_\_\_

Brightwheel

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In a short paragraph, please tell us more about your child, including strengths and weaknesses, and other personal characteristics. Please include any learning differences, medical or therapeutic treatment, and any other circumstances of which we need to be aware. A separate sheet may be attached.

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## CLASS CHOICE

Child's Name (First/Middle/Last): \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Child's Age on 9/01/26: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender:  Male |  Female

What is your primary language spoken at home? \_\_\_\_\_

Are you an active member of Saint Brigid Catholic Church?  Yes |  No

Are you an active member of another Archdiocesan Catholic Church?  Yes |  No

If yes, where? \_\_\_\_\_

Has this child or a sibling attended Saint Brigid Day School prior to this coming school year?  Yes |  No | If yes, what year? \_\_\_\_\_

Do you have any other children applying to Saint Brigid Day School?  Yes |  No

Name: \_\_\_\_\_ Age level applying for: \_\_\_\_\_

Name: \_\_\_\_\_ Age level applying for: \_\_\_\_\_

Do you want to start classes if one child is enrolled and one is placed on the wait list (e.g. Bob is placed in M/W/F and there is not an opening for Joel)?  Yes |  No

Is this child a twin or a triplet?  Yes |  No | If yes, do you want this child placed with the other multiple(s)?  Yes |  No

Would you like to be placed on the wait list if you do not get your first choice before being placed in your second or third choice?

Yes |  No

Would you like to be placed on the wait list if you do not get any of your choices below?  Yes |  No

Age Level: \_\_\_\_\_ 1st: \_\_\_\_\_ 2nd: \_\_\_\_\_ 3rd: \_\_\_\_\_

### Space availability per day

2's (option of T/ThorMWF)	T/TH (12)	M/W/F (12)
3's (option of 3 or 4 days)	T/W/TH/F (15)	
3's (option of 4 or 5 days)	M/T/W/TH/F (15)	
PreK 4/5's (option of 4 or 5 days)	T/W/TH/F (18)	M/T/W/TH/F (18)

### For Office Use Only

Staff |  Previously Enrolled |  Sibling

Member of Saint Brigid #

Member of Catholic Church

Letter Sent: \_\_\_\_\_ Phone Call: \_\_\_\_\_ Placement Date: \_\_\_\_\_

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## ENROLLMENT CONTRACT

Re-Enrollment |  Enrollment (new student)

Student: \_\_\_\_\_ Age on September 1, 2026: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Tuition and Fees Schedule for 2026 - 2027

Registration fee: Individual: **\$135** | Family: **\$175**

Supply Fee per Student: **\$125**

	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Total
<b>2-Day Twos</b>	\$275	\$275	\$275	\$275	\$275	\$275	\$275	\$275	\$275	\$2,475
<b>3-Day Twos</b>	\$320	\$320	\$320	\$320	\$320	\$320	\$320	\$320	\$320	\$2,880
<b>3-Day Threes</b>	\$380	\$380	\$380	\$380	\$380	\$380	\$380	\$380	\$380	\$3,420
<b>4-Day Threes</b>	\$430	\$430	\$430	\$430	\$430	\$430	\$430	\$430	\$430	\$3,870
<b>5-Day Threes</b>	\$510	\$510	\$510	\$510	\$510	\$510	\$510	\$510	\$510	\$4,590
<b>4-Day PreK/Y5</b>	\$480	\$480	\$480	\$480	\$480	\$480	\$480	\$480	\$480	\$4,320
<b>5-Day PreK/Y5</b>	\$530	\$530	\$530	\$530	\$530	\$530	\$530	\$530	\$530	\$4,770

### Please read and initial each section of this contract:

\_\_\_\_\_ **Payment Schedule:** I understand that, as a parent or guardian, I am responsible for payment of all fees. Classes require payment of the enrollment fee at the time of registration. This fee is non-refundable once your child is enrolled. A supply fee of **\$125** is due upon placement in a class. Tuition is divided into nine monthly payments for your convenience. September tuition is due September 1, and each month thereafter is due on the first of the month. Final tuition is due May 1.

\_\_\_\_\_ **Payment Information:** I understand that each returned check or bank draft will incur a \$35 charge. Upon receipt of a second returned check or bank draft, only money orders, cashiers checks or cash will be accepted for payment the remainder of the school year. All checks should be made payable to "Saint Brigid Day School". Tuition is due on the 1st of the month. Any payment made after the 10th day is considered late and will be assessed a late fee of \$10.

\_\_\_\_\_ **Withdrawal Policy:** I understand that in the event of withdrawal from the program 30 days written notice to the program is required. Previously paid fees will not be refunded.

\_\_\_\_\_ **Dismissal Policy:** I understand the school reserves the right to dismiss any student /family whose general attitude and habitual actions are contrary to the interest of Saint Brigid Day School and its students. Behaviors found totally unacceptable and warranting immediate action include, but are not limited to: excessive physical aggressiveness, harassment, abusive or vulgar language or vandalism. In such event, I understand that if my student is dismissed pursuant to this paragraph, I will not be entitled to any refund of tuition, and will be liable to pay any tuition or other fees, expenses, etc. still due.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check #: \_\_\_\_\_ Enrollment Fee: \$ \_\_\_\_\_

Brightwheel: \_\_\_\_\_ Supply Fee: \$ \_\_\_\_\_

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## EMERGENCY MEDICAL AND CHILD RELEASE FORM

Student Name: \_\_\_\_\_ Age on 9/01/26: \_\_\_\_\_ DOB: \_\_\_\_\_

### First Person to Contact When Child Is In School: Name Phone

Mother's Name: \_\_\_\_\_ Home #: \_\_\_\_\_

Business Name: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home #: \_\_\_\_\_

Business Name: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Home #: \_\_\_\_\_

Business Name: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

In the past year, list any serious injury, illness, communicable disease or operation your child has had: \_\_\_\_\_

Does your child regularly take any prescription or over the counter medication?  Yes |  No

If yes, please provide physician authorization to administer if needed

List known allergies and treatment (please write not applicable if child has no known allergy): \_\_\_\_\_

Does your child require use of an inhaler or Epi-Pen for a medical condition?  Yes |  No

If yes, please provide physician authorization to administer if needed.

Please list three additional contacts, other than the parents, who are authorized to pick up your child. Please include name, address and home/cell phone numbers.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Please be sure to verify the name and numbers above.

### Release

If emergency treatment is required, and the parents or legal guardian cannot be reached immediately, your signature in the space provided below empowers Saint Brigid Day School authorities to exercise their own judgement in calling the physician indicated above, or if not available, to transport the child to a hospital emergency room. Furthermore, by signing below you agree to be responsible for all expenses due to medical services provided for your child in case of an emergency action.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## PHOTO RELEASE FORM

The children of Saint Brigid Day School may appear in photographs, publications, web pages, apps and/or video made in conjunction with school sponsored activities.

I give permission to show my child's photograph on the classroom website or app.  Yes |  No

I give permission to show my child's parent names(s) on the class list on the classroom website or app.  Yes |  No

I give permission for my child's photograph to appear in any publication, film, webpage, app, video, and/or documentation for Saint Brigid Day School.  Yes |  No

I hereby waive and release any claim against Saint Brigid Day School and the Archdiocese of Atlanta from any responsibility or liability for any claims arising from the publication or reproduction of any photographs, publications, web page, app or video.

Child/Children's Names (please print): \_\_\_\_\_

Parent(s)/Guardian

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_