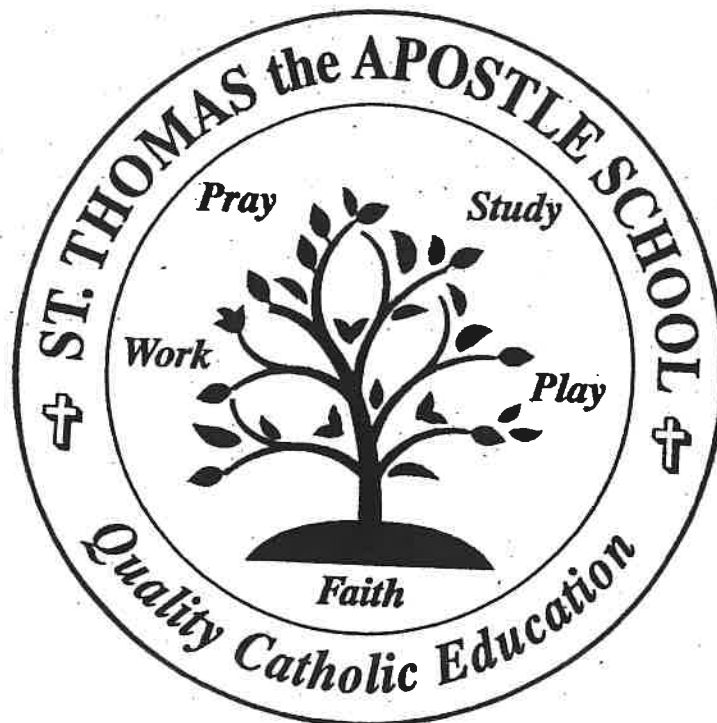


# NEW STUDENT REGISTRATION INFORMATION



75 Pine Street  
West Springfield, MA 01089

## 2026-2027 Preschool Program Information

*We are excited to get to know your child and are honored that you have entrusted them to our care. Thank you for being a part of our St. Thomas the Apostle School community.*

Child's Name \_\_\_\_\_

\_\_\_\_\_ 3-Year-Old-Program  
(2.9 by September 1)

\_\_\_\_\_ 4-Year-Old-Program

Full Day: 5 days: Mon.-Fri. 7:30am-2pm \$7,700 \_\_\_\_\_

Full Day: 3 days: Tues., Wed., Thurs. 7:30-2pm \$5,600 \_\_\_\_\_

Half Day: 5 days: Mon.-Fri. 7:30-11:30 \$6,400 \_\_\_\_\_

Half Day: 3 days: Tues., Wed., Thurs. 7:30-11:30 \$4,600 \_\_\_\_\_

*Please know that preschoolers must be potty-trained before starting school.*

**Student Information**

Enrollment for Grade \_\_\_\_\_

\_\_\_\_\_ Gender M or F  
Last Name First Name Middle Name

\_\_\_\_\_ Home Phone Number  
Address City State Zip

\_\_\_\_\_ State  
Date of Birth (Month,Day,Year) City

\_\_\_\_\_ City  
Religion Parish

\_\_\_\_\_ City  
Baptized – Yes / No Baptismal Date Church

\_\_\_\_\_ City  
First Communion – Yes / No First Communion Date Church

Schools Previously Attended (including preschool)

\_\_\_\_\_ Dates Attended  
School Name City State

\_\_\_\_\_ Dates Attended  
School Name City State

Race (please circle) American Indian Black (not of Hispanic origin) Asian Hispanic White (not of Hispanic Origin)

**Family Information**

\_\_\_\_\_ Home Phone/Cell Number  
Father Last Name First Name

\_\_\_\_\_ Address if different than child

\_\_\_\_\_ Work Phone  
Occupation Place of Employment City State

\_\_\_\_\_ State  
Religion Parish City

\_\_\_\_\_ Email Address

**Father Special Interests, Memberships in Community or Civic Organizations:**

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**Mother Last Name      First Name      Maiden Name      Home Phone/Cell Number**

Address if different from child \_\_\_\_\_

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**Occupation      Place of Employment      City      State      Work Phone**

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**Religion      Parish      City      State**

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**Email Address**

**Special Interests, Memberships in Community or Civic Organizations:**

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**Student lives with:   Mother   Mother&Father   Father   Mother& Stepfather   Father&Stepmother   Legal Guardian**

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**Name of Student's Legal Guardian (if applicable)**

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**Name of Student's Stepparent (if applicable)**

**List Sibling Information:**

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**Name      Age      School**

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**Name      Age      School**

---

**Name      Age      School**

**Student Medical and Emergency Information**

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<b>Emergency Contact Name</b>	<b>Address</b>	<b>Relationship</b>	<b>Contact Phone/Cell Number</b>
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<b>Emergency Contact Name</b>	<b>Address</b>	<b>Relationship</b>	<b>Contact Phone/Cell Number</b>
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<b>Physician's Name</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Phone Number</b>
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<b>Dentist's Name</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Phone Number</b>
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<b>Name of Medical Insurance Policy Holder</b>	<b>Company Name</b>	<b>Group Number</b>
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**\*If you do not have Medical Insurance, the Diocese requires that you purchase school accident insurance for your child.**

**Please list any food allergies for your child:**

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**Please list any circumstance where your child would have an allergic reaction-for example bee stings, etc.:**

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**Does your child take medications on a daily basis? If so, please list:**

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**Does your child require medication to be administered during school hours? - Yes No**

**Does your child require Special Education Services? - Yes No**

**Is there anything else you would like us to know about your child?**

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## PHOTOGRAPH CONSENT AND RELEASE FORM

\_\_\_\_\_ I hereby consent and grant St. Thomas the Apostle School full permission and authority to the unlimited use of my child's name and photograph for the purpose of publication in the newspaper, marketing brochure or in any media presentation, such as St. Thomas School's website and Facebook page.

\_\_\_\_\_ I hereby do not consent and grant St. Thomas the Apostle School permission to use my child's name or photograph in any capacity. I understand that by not consenting to the use of my child's name or photograph in any school media presentation, that my child may not be included or able to participate in any class or group photos taken at school.

Child's Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### St. Thomas School is a PEANUT AND NUT FREE SCHOOL!

**Your child cannot bring any food items to school for their snack, lunch, classroom celebration or snack for the After School Program that contains peanuts or any other nut.**

**Many of the children at St. Thomas have severe life threatening allergies to peanuts and nuts, so to keep all the children safe, our school is PEANUT and NUT free!**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_