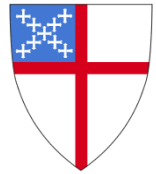




**St. John's Episcopal Church Preschool**  
**ENROLLMENT APPLICATION**  
 2021-2022

834 Durham Rd.  
 Wake Forest, NC  
 27587  
 (919) 562-8619



Child's Name: \_\_\_\_\_ Name wanted on classroom materials : \_\_\_\_\_ Male/Female (circle)

Parents' Names \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone Number(s) Home \_\_\_\_\_ Mom Cell \_\_\_\_\_ Dad Cell \_\_\_\_\_

Address: \_\_\_\_\_  
 Street # \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of sibling (s) (if they are students at St. John's Preschool) \_\_\_\_\_

Please mark the following that apply to your child:

- Current Student     Church Member     Sibling of Current Student     New Student

Please indicate your first and second choices of class:

|   |   |  |   |
|---|---|--|---|
| <u>Toddler</u><br><u>(15 months &amp; walking)</u><br><br>_____ M, W 1's<br>\$150/month | <u>Two Year Olds</u><br><br>_____ T, TH 2's<br>\$200<br>_____ M, W, F. 2's<br>\$240 | <u>Three Year Olds</u><br><br>_____ M, W, TH 3's<br>\$255<br>_____ M-TH 3's<br>\$285 | <u>Four Year Olds</u><br><br>_____ M-TH 4's<br>\$290<br>_____ M- F 4's<br>\$310 |
|---|---|--|---|

In the best interest of your child, consideration will be given to girl/boy ratio in each class. Children will be placed according to their age on **August 31st** of the year of enrollment.

Child's birth date: \_\_\_\_\_ Age on Aug. 31, 2019 \_\_\_\_\_ **Is child allergic to anything?** \_\_\_\_\_

Do you have any concerns about your child? YES NO

If yes, would you like to arrange a time to discuss your concerns to see if your child's needs can be met here at St John's Preschool? YES NO

A **non-refundable fee**, of one month's tuition, is required upon registration. (In the event that St. John's Preschool is unable to open due to Covid 19, your registration fee will be returned). If your child is not enrolled from the lottery, the deposit will be refunded to you, and you may elect to have your child's name put on a waiting list .

Yes, I would like to place my child's name on the waiting list if a space is not available at this time. \_\_\_\_\_ (please initial)

Yes, I understand that my child must have a current immunization record that would conform to NC public school immunization

\_\_\_\_\_  
 Parent's Signature

\_\_\_\_\_  
 Date

|                                  |  |
|----------------------------------|--|
| (for office use only)            |  |
| Registration Fee Received: _____ | Amount: _____ Check # _____                    |
| Application Date: _____          | Parent Consent: _____ Check Returned _____     |
| Medical/Immunization: _____      | Child Info Update: _____                       |
| Birth Certificate: _____         | Class Placement: _____                         |
| Accept or WL Ltr _____           | Fall Paperwork _____ Aug Tuition Card _____    |
| CM waiver given _____            | Accepted Y/N _____ Church Member Deposit _____ |
| wwbb-                            |  |