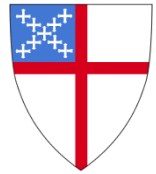




St. John's Episcopal Church Preschool
ENROLLMENT APPLICATION
 2022-2023

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



Child's Name: _____ Name wanted on classroom materials : _____ Gender _____

Parents/Guardians Names _____ Email Address: _____

Phone Number(s) Home _____ Parent 1 Cell _____ Parent 2 Cell _____

Address: _____
 Street # _____ City/Town _____ State _____ Zip Code _____

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

If you are applying to have more than 1 child enrolled, & only 1 spot is available would you accept just the 1 spot? Y/ N/ NA
 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 (15 months)</u>
_____ M, W 1's
\$180

<u>Two Year Olds</u>
_____ T, TH 2's
\$225
_____ M, W, F. 2's
\$280

<u>Three Year Olds</u>
_____ M,W,F 3's
\$280
_____ M-TH 3's
\$305

<u>Four Year Olds</u>
_____ M-TH 4's
\$305
_____ M- F 4's
\$335

In the best interest of your child, consideration will be given to gender balance 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, 2022 _____ **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. 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 regulations. _____ (Please initial)

 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 _____