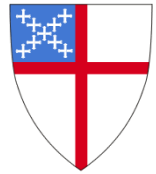




St. John's Episcopal Church Preschool
ENROLLMENT APPLICATION
 2024-2025

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 _____ Mother Cell _____ Father 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>Two Year Olds</u>	
_____ T, TH 2's	\$240
_____ M, W, F 2's	\$295

<u>Three Year Olds</u>	
_____ M,W,F 3's	\$295
_____ M-F 3's	\$350

<u>Four Year Olds</u>	
_____ M-TH 4's	\$320
_____ M- F 4's	\$350

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, 2024 _____ **Is child allergic to anything?** _____

Do you have any concerns about your child? Yes No

Is your child currently receiving any services ? (speech therapy, OT, PT, etc.) 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: _____	Check Returned: _____	
Class Placement: _____		
Accept or Waitlist Letter: _____		
CM waiver given _____ Accepted Y/N Church Member Deposit _____		