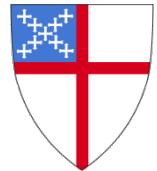




St. John's Episcopal Church Preschool
ENROLLMENT APPLICATION
2026-2027

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



Child's First/Last Name: _____ Preferred Name: _____ Gender: _____

Parent/Guardian #1 Name: _____ Email Address: _____

Parent/Guardian #2 Name: _____ Email Address: _____

Parent/Guardian #1 Cell: _____ Parent/Guardian #2 Cell: _____

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

Please mark the following that apply to your child:

Current Student

Church Member

Sibling of Current Student

New Student

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

If you are applying to have more than one child enrolled, and only one spot is available, would you accept just the one spot? Y / N / NA

By writing 1 or 2, please indicate your first and second choices of class (if applicable):

<u>Toddler (15 months)</u>	
____ TTH	\$220
____ *MW	\$220

*Class will be offered based on demand

<u>Two-Year-Olds</u>	
____ TTH	\$270
____ MWF	\$330

<u>Three-Year-Olds</u>	
____ M-TH	\$360
____ M-F	\$395

<u>Four-Year-Olds</u>	
____ M-F	\$395

Two classes will be offered.

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, 2026 _____

Is child allergic to anything? YES NO 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 to any of the questions above, would you like to arrange a time to discuss your concerns to ensure that your child's needs can be met at St. John's Preschool? YES NO (If yes, you will be contacted to schedule a time to discuss your concerns.)

A **nonrefundable 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. Registration checks for all families will only be deposited when registration is confirmed.

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/Guardian Signature

Date

For Office Use Only

Registration Fee Received: _____

Amount: _____

Check #: _____

Application Date: _____

Class Placement: _____

Waitlist: YES / NO

Check Returned Date: _____

Church Member Waiver Given Date: _____

Accepted YES / NO Church Member Deposit: _____