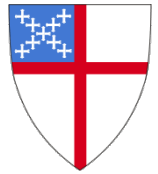




**St. John's Episcopal Church Preschool**  
**ENROLLMENT APPLICATION**  
**2026-2027**

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):**

Toddler (15 months)

\_\_\_\_\_ TTH \$220

\_\_\_\_\_ \*MW \$220

\*Class will be offered based on demand

Two-Year-Olds

\_\_\_\_\_ TTH \$270

\_\_\_\_\_ MWF \$330

Three-Year-Olds

\_\_\_\_\_ M-TH \$360

\_\_\_\_\_ M-F \$395

Four-Year-Olds

\_\_\_\_\_ 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: \_\_\_\_\_