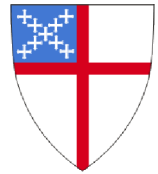


ENROLLMENT APPLICATION

2012/2013

Post Office Box 608
Wake Forest, NC 27588
919/562-8619



(Please fill out 1 application for each child)

Child's Name: _____ Parents' Names _____

Male/Female (circle one)

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) _____

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:

One Year Old Playgroup	Two Year Olds	Three Year Olds	Four Year Olds
_____ M, W 2ø	_____ M, W 2ø	_____ M, W, TH 3ø	_____ M-TH 4ø
_____ Fri 1ø	_____ T, TH 2ø	\$230	\$255
\$45/month	_____ M, W, F. 2ø	_____ T-F 3ø	_____ M- F 4ø
	\$235	\$250	\$280

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. 31st, 2012 _____ **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 nonrefundable registration fee (one month's tuition) is required upon registration. If your child is not enrolled, 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. _____

I understand St. John's Preschool has an extended calendar & that children attend from 8/27/2012-6/14/2012 _____

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 Paperwk _____ Aug Tuition Card _____