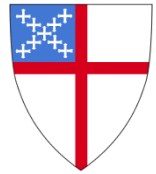




**St. John's Episcopal Church Preschool**  
**ENROLLMENT APPLICATION**  
 2018-2019

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



Child's Name: \_\_\_\_\_ Male/Female (please circle one)

Parents' Names \_\_\_\_\_ 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:

<u>One Year Old Playgroup</u>	<u>Two Year Olds</u>	<u>Three Year Olds</u>	<u>Four Year Olds</u>
_____ Wednesday's \$50/month	_____ T, TH 2's \$200 _____ M, W, F. 2's \$240	_____ M, W, TH 3's \$255 _____ M-TH 3's \$285	_____ M-TH 4's \$285 _____ M- F 4's \$310

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. 31, 2018 \_\_\_\_\_ **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 _____
wwbb-		