St. Philip Lutheran Preschool
7304 Falls of Neuse Road 27615
2021-2022

Name_____ Date of Birth_____

Please **CIRCLE** the class in which you wish to enroll: (birthday cut-off October 16)

2 year class – Monday & Wednesday
2 year class – Tuesday & Thursday
3 year class – Tuesday & Thursday
3 year class – Monday, Wednesday, Friday
4 year old class – Monday, Tuesday, Thursday
4 year class – Monday, Wednesday, Friday
4 year class – Monday – Friday
(2,3,4 year classes 9:00-12:00)
Kindergarten – Monday - Friday
(9:00-1:00 Mon-Thur & 9:00-12:00 Fri)

Parents' Name_____
Address_____
Home Telephone_____Business_____
E-Mail_____
Church Preference _____
Church Address_____

GENERAL INFORMATION

A registration fee of one month's tuition must be paid by March 1 to hold your child's spot. THIS FEE IS NON-REFUNDABLE unless you move out of the county. When the form is returned to school, your child will be placed on a class roll. A letter of acceptance will be mailed to you in JULY. Parents may contact the Director to confirm a place in a class as soon as the forms have been returned.

Tuition is paid monthly due on the 15th of each month. The first month's tuition is due on August 15th and the 15th of each subsequent month with the final payment due April 15th.

TUITION SCHEDULE

2 day classes	$200
3 day classes	$270
5 day class	$310
Kindergarten	$340

If you have any questions about enrollment or the program, please contact the Director at 919-870-5841 or 919-818-9585.

St. Philip Lutheran Preschool admits students of any race, color and national or ethnic origin.

Date_____

Application for_____
last first middle name uses

Date of Birth_____Sex_____Phone_____

Address_____

Father's
Name_____Bus/CellPhone_____

Occupation & Address_____

Mother's
Name_____Bus/CellPhone_____

Occupation & Address_____

Siblings (names & ages)_____

Other adults in the home_____

Language other than English used in the home_____

Previous schools attended_____

IN CASE OF EMERGENCY – Responsible party to call if parent cannot be reached.
Name_____Phone_____

IN CASE OF MEDICAL EMERGENCY
Physician_____Phone_____

Any concerns about your child's general health?_____

Any allergies? _____

Explain any speech problem._____

Problems with toilet habits? _____
(must be potty trained before coming to the 3 year class)

Any unusual fears? _____

Excessive jealousy? _____

Nail biting, thumb sucking, etc? _____

Have trouble handling anger?_____

Does your child use one hand in preference to the other?_____

With whom does your child usually play? _____

Is there any additional information about your child, which might help the teachers in working with your child? _____

_____

Do you have any concerns about your child's behavior or emotional well-being that the teachers should be aware of? _____

What are your goals and expectations for your child in the coming year? _____

How did you learn about St. Philip? Friend(name)_____, Website_____,

Facebook_____, Church Bulletin_____, other_____

Parent Signature:
I give permission for St. Philip Preschool to use photos of my child on the preschool website, Facebook page, or brochure.

_____Date_____

MEDICAL INFORMATION

Child's Name _____Birth Date_____

Parents_____
Address_____
History:
Allergies_____ChickenPox_____Measles_____Mumps_____

Whooping Cough _____Rheumatic Fever _____Diabetes_____

Epilepsy _____Tuberculosis _____ Asthma_____

Chronic Colds _____Chronic Sore Throats _____ Chronic Ear

Infections_____ Nosebleeds_____ Drug Sensitivities _____

PX: Head _____ Abdomen_____
Heart_____ Lungs _____
Eyes _____ Vision _____
Ears _____ Hearing _____
Nose _____ Adenoids_____
Mouth _____ Tonsils _____
Extremities _____

Record of Immunization:

	1st dose	2nd dose	3rd dose	4th dose
DTaP	_____	_____	_____	_____
Polio	_____	_____	_____	_____
MMR	_____	_____		
Hib	_____	_____	_____	
Hep B	_____	_____	_____	
Varivax	_____			

Do you recommend this child for Preschool? YES _____ NO _____
Are there any medical conditions, operations, accidents that we should be aware of?_____

Physician's Signature _____Date_____