

St. Philip Lutheran Preschool  
7304 Falls of Neuse Road 27615  
**2023-2024**

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 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 \_\_\_\_\_

**Each child must have proof of immunizations/No medical or religious exemptions**

#### GENERAL INFORMATION

A registration fee of one month's tuition must be paid at time of registration 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 15<sup>th</sup> of each month. The first month's tuition is due on August 15<sup>th</sup> and the 15<sup>th</sup> of each subsequent month with the final payment due April 15<sup>th</sup>.

#### TUITION SCHEDULE

2 day classes	\$225	2 year old 4 days	\$350
3 day classes	\$295		
5 day class	\$335	3 year old 5 days	\$420
Kindergarten	\$365		

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? \_\_\_\_\_

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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? \_\_\_\_\_

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

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

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

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How did you learn about St. Philip? Friend(name) \_\_\_\_\_, Website \_\_\_\_\_, Facebook \_\_\_\_\_, Church Bulletin \_\_\_\_\_, other \_\_\_\_\_

**Parent Signature: (Choose ONE)**

\_\_\_\_\_ I give permission for St. Philip Preschool to use photos (no names) of my child on the preschool website, Facebook page, or brochure.

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ I DO NOT 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 \_\_\_\_\_  
Heart \_\_\_\_\_  
Eyes \_\_\_\_\_  
Ears \_\_\_\_\_  
Nose \_\_\_\_\_  
Mouth \_\_\_\_\_  
Extremities \_\_\_\_\_

Abdomen \_\_\_\_\_  
Lungs \_\_\_\_\_  
Vision \_\_\_\_\_  
Hearing \_\_\_\_\_  
Adenoids \_\_\_\_\_  
Tonsils \_\_\_\_\_

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 \_\_\_\_\_