

St. Margaret's Preschool

2019-2020 Registration



Dear Parents,

Our goal at St. Margaret's Preschool is to provide the best possible experience for the children and families in our program. We are currently enrolling children in our program and reserving space in their age-appropriate class for the 2019-2020 school year.

To register your child, please send a completed 2019-2020 registration form and a payment of the registration fee (cash/check) to the preschool office. The registration fee is \$150 per child (\$125 per additional children). Our program does not charge a supply fee. Please note that the registration fee is **non-refundable**. The fee reserves a place for your child in the program.

Our objective is to create well-balanced classes that benefit your child's growth and development. **Please note that several day preference requests (in both our 2s and 3s classes) may not be able to be honored in order to achieve this goal.**

You will receive confirmation of your child's registration and you will be invoiced May 1, 2019 to pre-pay the May 2020 tuition.

The Children's Medical Report Form (**including a copy of up-to-date immunization records**) can be printed off of our website: www.saintmargaretspreschool.net and is due by August 9, 2019. All children enrolled at St. Margaret's Preschool must be current with North Carolina state immunization requirements. St. Margaret's Preschool does not accept any waivers for immunizations.

Your September 2019 tuition payment will be due on the first day of school (September 4, 2019).

2019-2020 Class Information / Tuition Rates

Two Year Old Class Monday/Wednesday Tuesday/Thursday	2 Teachers + Floater with 9 children (5:1 ratio) \$250/month \$250/month
Three Year Old Class (must be potty-trained) Tuesday/Wednesday/Thursday Monday-Thursday	2 Teachers + Floater with 14 children (7:1 ratio) \$275/month \$300/month
Four Year old Class (must be potty-trained) Monday-Thursday	2 Teachers + Floater with 14 students (7:1 ratio) \$310/month

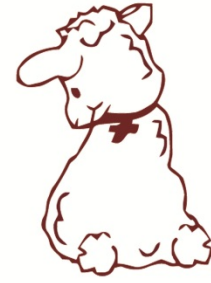
** There will be no partial tuition refunds in the event of unplanned closings, scheduled holidays and/or inclement weather.*

We are so grateful that you are interested in becoming a part of our St. Margaret's Preschool Program!

Dana Platé
Assistant to the Rector for Preschool

St. Margaret's Preschool

2019-2020 Registration Form



Child's Name: _____

Class Request:

Please designate your first and second preference

2-Years Old	M/W _____	T/TH _____
3-Years Old	T/W/TH _____	M-TH _____
4-Years Old	M-TH _____	

Child's Birthdate: _____

Child must be the appropriate age by August 31, 2019 (no exceptions)

Gender: Male / Female (*circle one*)

Child's Preferred Name / Nickname: _____

Current Address: _____
(street) *(neighborhood)*

_____ *(city)* *(state)* *(zip)*

Home Phone: _____ Primary Email: _____

Mother's Name: _____ Work / Cell Phone: _____

Father's Name: _____ Work / Cell Phone: _____

Siblings / Ages: _____

Are you a member of St. Margaret's Episcopal Church? YES / NO

Mother's Occupation: _____ Father's Occupation: _____

Emergency Contact Information

Name: _____ Relationship: _____

Contact Number(s): _____

Name: _____ Relationship: _____

Contact Number(s): _____

Health Information

Does your child have his/her current vaccinations? YES / NO

Does your child have any special physical, mental, or emotional needs? YES / NO

Does your child have any known allergies? YES / NO

If needed, please explain (in detail) any concerns from above: _____

Child's Physician: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Photo, Video and Social Media Release Permission

St. Margaret's Preschool uses photographs, videos, and the work of the children throughout the school year for class projects, program presentations, newsletters, our website, social media and school publications. All materials will be used for program purposes only. Saint Margaret's Preschool will not publish any child's name with their image in social media; however, be conscious that through your own and/or other people's activity your child's identity may be revealed in public posts and commentary.

Please initial the below statement.

_____ (initials) **I give permission to St. Margaret's Preschool to take photographs and videos that will be used for program purposes, including social media. I also give permission to include my child and use his / her student work for program purposes.**

Child Release Permission

I give permission for the following people to pick-up my child from St. Margaret's Preschool. I understand that my child will not be allowed to leave with anyone not listed on this form without prior written notice from a parent. *Photo ID may be required.*

The following people are authorized to pick-up my child:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I agree to abide by the policies set forth by St. Margaret's Preschool in the Parent Handbook

St. Margaret's Preschool staff has my permission to meet the needs of my child in case of an emergency in the event that the parents or emergency contacts cannot be reached.

Parent Signature

Date