

St. Margaret's Preschool 2026-2027 Registration



Dear New Families,

Our goal at St. Margaret's Preschool is to provide the best possible experience for the children and families in our program. We are enrolling children in our program and reserving space in their age-appropriate classes for the 2026-2027 school year.

To register your child, please send a completed 2026-2027 registration form and a payment of the registration fee (cash/check/online) to the preschool office. **The registration fee is \$150 per child.** 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 to achieve this goal.**

You will receive confirmation of your child's registration, and you will be invoiced on May 1, 2026, to pre-pay the May 2027 tuition.

Student Medical Forms Policy:

Please note **if this is your child's first year** at St. Margaret's Preschool:

The Children's Medical Record Form and a current vaccination record will only be required for new students. Your child's medical file is not complete without BOTH documents. 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. These required documents are **due by Friday, July 31st, 2026.**

For returning families:

Once the **Children's Medical Record Form and a vaccination record** are on file in our office, families **will not** need to update this again for future years at St. Margaret's unless there is a health or immunization change.

The preschool adheres to a carpool policy to ensure your children's safe, secure entrance and departure. This policy requires all ages to be escorted to and from the car by preschool staff during drop-off and pick-up.

Your September 2026 tuition payment will be due on the first school day (September 9, 2026).

2026-2027 Class Information / Tuition Rates

Two Year Old Class

Monday/Wednesday

Tuesday/Thursday

2 Teachers + Floater with 8 children (4:1 ratio)

\$375/month

\$375/month

Three Year Old Class (must be potty-trained)

Tuesday/Wednesday/Thursday

Monday-Thursday

2 Teachers + Floater with 14 children (7:1 ratio)

\$400/month

\$430/month

Four Year Old Class (must be potty-trained)

Monday-Thursday

2 Teachers + Floater with 14 students (7:1 ratio)

\$450/month

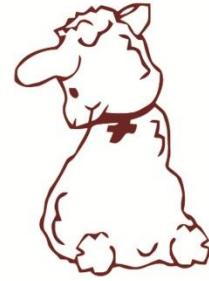
There will be no partial tuition refunds in the event of unplanned closings, scheduled holidays and/or inclement weather.

We are so grateful you are interested in joining our St. Margaret's Preschool Program!

Dana Platé

Assistant to the Rector, Preschool Ministries

St. Margaret's Preschool
2026-2027 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, 2026 (no exceptions)

Gender: Male / Female (*circle one*)

Child's Preferred Name / Nickname: _____

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

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

Home Phone: _____ Primary Email: _____

Parent Name: _____ Work / Cell Phone: _____

Parent Name: _____ Work / Cell Phone: _____

Siblings / Ages: _____

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

Parent Occupation: _____ Parent 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 children's work 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 on 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 comments.

Please initial the statement below.

(initials) I permit St. Margaret's Preschool to take photographs and videos that will be used for program purposes, including social media. I also permit the inclusion of my child and the use of his / her student work for program purposes.

Child Release Permission

I permit 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. *A 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 Student Handbook

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

Parent Signature _____ Date _____