



Registration 2019-2020

One Year Old 1 and Walking by August 1, 2019

****Thank you for choosing St. Paul's as your Preschool home!
Please complete the following information for registration.****

Child's Name _____ Birthday _____

T/Th- 3 hours a day: 9:30 – 12:30 _____

8 Children and 2 teachers \$170 tuition Supply fee \$20

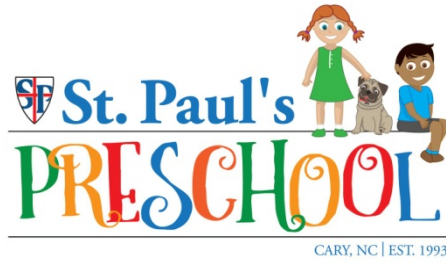
Registration is \$100. Please include your registration fee when you turn in all forms except the medical form. One check may be written for multiple children, but place completed applications in age appropriate baskets. Registration is non-refundable and must be received with your form.

Please only pay registration fee, no tuition at this time.

Place completed forms in the "one's" box in the Parish Hall on or before January 22nd .

Please make your check payable to: St. Paul's Preschool

Thank you!



Registration 2019-2020

**Two Year Olds
Must be 2 by
August 31, 2019**

****Thank you for choosing St. Paul's as your Preschool home!
Please complete the following information for registration.****

Child's Name _____ Birthday _____

9:30 – 12:30 (Please choose your first and second choice!)

T/Th 2's _____
8 Children and 2 teachers \$170 Supply fee \$20

T/W/Th 2's _____
8 Children and 2 teachers \$190 Supply fee \$30

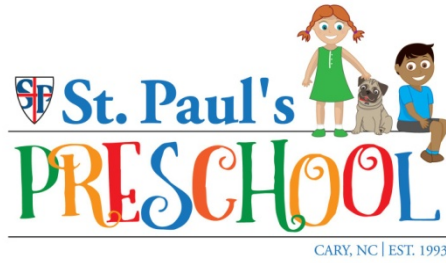
Registration is \$100. Please include your registration fee when you turn in all forms except the medical form. One check may be written for multiple children, but place completed applications in age appropriate baskets. Registration is non-refundable and must be received with your form.

Please only pay registration fee, no tuition at this time.

Place completed forms in the "two's" basket in the Parish Hall on or before January 22nd .

Please make your check payable to: St. Paul's Preschool

Thank you!



Registration 2019-2020

Three Year Olds Must by 3 by August 31, 2019

****Thank you for choosing St. Paul's as your Preschool home!
Please complete the following information for registration.****

Child's Name _____ Birthday _____

9:30 – 12:30

T/W/Th 3's _____
10 Children and 2 teachers \$200 Supply fee \$30

M/T/W/Th 3's _____
10 Children and 2 teachers \$215 Supply fee \$40

Extended Day T/W/TH:

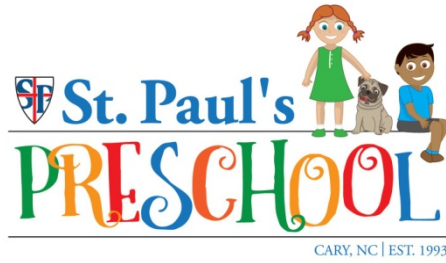
12:30-1:00 _____
\$35.00 per month

Registration is \$100. Please include your registration fee when you turn in all forms except the medical form. One check may be written for multiple children, but place completed applications in age appropriate folders. Registration is non-refundable and must be received with your form.

Please only pay registration fee, no tuition at this time.

Place completed forms in the "three's" box in the Parish Hall on or before January 22nd.

Please make your check payable to: St. Paul's Preschool
Thank you!



Registration 2019-2020

Four Year Olds
Must be 4 by
August 31, 2019

Transitional Kindergarten
Must be 5 Years old by
December 31, 2019

****Thank you for choosing St. Paul's as your Preschool home!**
Please complete the following information for registration.**

Child's Name _____ Birthday _____

9:30-12:30 (Please mark your first and second choice.)

4 Day 4's: Monday- Thursday _____
 14 Children and 2 teachers \$225- Supply fee \$40

5 Day 4's: Monday – Friday _____
 14 Children and 2 teachers \$245- Supply fee \$50

Transitional Kindergarten **9:00-12:30** : Monday-Friday _____
 14 children and 2 teachers \$265- Supply fee \$50

Extended Day T/W/TH:

12:30-1:00 _____
 \$35.00 per month

Registration is \$100. Please include your registration fee when you turn in all forms except the medical form. One check may be written for multiple children, but place completed applications in age appropriate folders. Registration is non-refundable and must be received with your form.

Please only pay registration fee, no tuition at this time.

Place completed forms in the "four's" and "TK's" boxes in the Parish Hall on or before January, 22nd.

Please make your check payable to: St. Paul's Preschool

Thank you!

APPLICATION

Name of Child _____ Birth Date _____
(Last) (First) (Middle) Nickname
Address _____ Zip _____ Subdivision _____

Information about the Family:

Father/Guardian's Name _____ Home Phone _____
Address _____ Zip _____ Cell Phone _____
Employment _____ Business Phone _____

Mother's/Guardian's Name _____ Home Phone _____
Address _____ Zip _____ Cell Phone _____
Employment _____ Business Phone _____
Insurance Carrier _____ Policy # _____
Email Address: _____

Information about Your Child:

Does your child have any allergies: No ____ Yes ____ (if yes, Explain)
Was your child born prematurely: No ____ Yes ____ (if yes, how many weeks?) _____
Is your child receiving any outside services or currently be evaluated: No ____ Yes ____ (if yes, Explain)
Is he/she undergoing or scheduled for an evaluation: No ____ Yes ____ Please explain _____
Has your child had previous preschool experience: No ____ Yes ____ (if yes, where) _____

Please give us any information concerning your child, which will be helpful in his experience in group setting (such as play, eating, special fears, likes or dislikes)

Emergency Care Information:

Name of child's Doctor _____ Office Phone _____
Address: _____
Name of child's Dentist: _____ Office Phone _____
Address: _____
Hospital Preference: _____ Phone _____

If neither mother nor father (or guardian) can be contacted, call: **people who live here that can pick up your child**

Name _____	Relationship _____	Home # _____	Work # _____
Name _____	Relationship _____	Home # _____	Work # _____
Name _____	Relationship _____	Home # _____	Work # _____

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that the family physician can not be contacted immediately.

Signature of Parent _____ Date _____

I give my permission to St. Paul's preschool to take photos of my children during preschool time for the purpose of using in house.

Signature _____ Date _____

I give my permission to St. Paul's Preschool to take photos of my children to burn to a disc to distribute to classmates and /or upload to sights such as Shutterfly, Kodak, etc. where only classmates are only invited to view photos.

Signature _____ Date _____

I, as the operator, do agree to provide transportation to an appropriate resource in the event of emergency. In as emergency situation, a responsible adult will supervise other children in the facility. I will not administer any drugs or any medication without specific instructions from the physician or the child's parent guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

Signature of operator _____ Date _____



PHOTO RELEASE FORM 2019-2020

Dear Parents,

We would like to spruce up the St. Paul's Preschool website with some fun photographs of our students and teachers. We also hope to add some to our Preschool Facebook page as well.

Please sign the form and return to your child's teacher.

Thank you!

Brooke

Child's name _____

I give permission for pictures of my child(ren) at preschool events to appear on the church website. **No names will be included.**

_____ Parent Signature

I give permission for pictures of my child(ren) at preschool events to appear on the preschool Facebook page. **No names will be included.**

_____ Parent Signature

I DO NOT give permission for my child(ren) pictures to be posted on the church website.

_____ Parent Signature

I DO NOT give permission for my child(ren) pictures to be posted on the preschool FB page.

_____ Parent Signature

Children's Medical Report

Name of Child _____ Birth date _____

Name of Parent/Guardian _____

Address of Parent/Guardian _____

A: Medical History (may be completed by Parent)

1. Is child allergic to anything? No ___ Yes ___ if yes, What? _____

2. Is child currently under a doctor's care? No ___ Yes ___

If yes, for what reasons _____

3. Is the child on any continuous medication? No ___ Yes ___

If yes, what? _____

4. Any previous hospitalizations or operations? No ___ Yes ___ If yes, when and for what?

5. Any history of significant previous diseases or recurrent illness? No ___ Yes ___

Diabetes No ___ Yes ___; Convulsions No ___ Yes ___; Heart Trouble No ___ Yes ___

If any others, what/when _____

6. Does the child have any physical disabilities: No ___ Yes ___ if yes please describe: _____

Any mental disabilities? No ___ Yes ___ if yes please describe: _____

Signature of Parent or Guardian _____

B: Physical Examination: This examination must be completed and signed by a licensed physician, his authorized agent currently approved by the N.C. Board of Medical Examiners (or a comparable board from boarding states). A certified nurse practitioner, or a public health nurse meeting DEHNR for EPSDT program.

Head ___ Eyes ___ Ears ___ Nose ___ Teeth ___ Throat ___ Neck ___

Heart ___ Chest ___ GU ___ Ext ___ Neurological system ___ Skin ___

Results of Tuberculin Test, if given: Type ___ date ___ Normal ___ Abnormal ___

Should activities be limited? No ___ Yes ___ if yes, explain _____

Any other recommendations: _____

Signature of authorized examiner/title _____

Date of examination _____ Phone # _____

(Continued on back)

C. Immunization History: The day care operator or health official must enter the date immunizations was received in the space below or attach a copy of the immunization record. G.S. 130A-155(b) requires all day care facilities to have this information on file.

Enter date of each dose – Month/Day/Year

Vaccine	#1	#2	#3	#4	#5
*DPT/DT					
*Polio					
**Hib					
*MMR (combined dose)					
*Measles (single dose)					
*Mumps (single dose)					
Rubella (single dose)					
Other					

*Required by State Law

** Required by State Law for children born on or after 10/1/91.



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH DEBITS)

I/we hereby authorize St. Paul's Preschool to initiate debit entries to my/our checking account indicated below at the depository financial institution named below, hereafter called, DEPOSITORY, and to debit the same to such account. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of US law.

Depository/Bank Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____

Account Number _____

Amount to be debited \$ _____

- May 15th – September Tuition Draft, supply fee (one -time payment) and extended day if applicable (Withdrawal after August 1st forfeits September's tuition and supply fee)
- September 15th- October Tuition Draft and extended day if applicable
- October 15th- November Tuition Draft and extended day if applicable
- November 15th- December Tuition Draft and extended day if applicable
- December 15th- January Tuition Draft and extended day if applicable
- January 15th- February Tuition Draft and extended day if applicable
- February 15th- March Tuition Draft and extended day if applicable
- March 15th- April Tuition Draft and extended day if applicable
- April 15th- May Tuition Draft and extended day if applicable

Tuition adjustments are **not** made for missed days, workdays, vacation, or holidays.

This authorization is to remain in full force and effective until St. Paul's Preschool has received written notification from me (or either of us) of its termination in such time and in such manner as to afford St. Paul's Preschool and Depository a reasonable opportunity to act on it.

Name(s) _____ Date _____

(please print)

Signature(s) _____

****Please ATTACH VOIDED CHECK****

Getting to Know You....

Child's name _____ M/F _____ Birthday _____
Address _____ Zip _____
Home Phone _____
My Child prefers to be called _____

My Mom is _____ and she works at _____
The best number to reach her during preschool is _____
Email address _____

My Dad is _____ and he works at _____
The best number to reach him during preschool is _____

My siblings and their ages:

- 1.
- 2.
- 3.
- 4.

The person who will drop me off and pick me up most often is _____
Other people who can pick me up are 1. _____ Phone _____
2. _____ Phone _____

If I am sick, please call in this order:

*Name _____ Phone _____
*Name _____ Phone _____
*Name _____ Phone _____

I am carpooling with _____

I am allergic to (medications, foods, etc.) _____

I really like foods, colors, activities, food, etc. _____

I do NOT care for (sounds, activities, foods, etc.) _____

I am right handed or left handed _____

Previous preschool experience and where _____

Please list any concerns here or on the back of the paper

Getting to Know You....

Child's name _____ M/F _____ Birthday _____
Address _____ Zip _____
Home Phone _____
My Child prefers to be called _____

My Mom is _____ and she works at _____
The best number to reach her during preschool is _____
Email address _____

My Dad is _____ and he works at _____
The best number to reach him during preschool is _____

My siblings and their ages:

- 1.
- 2.
- 3.
- 4.

The person who will drop me off and pick me up most often is _____
Other people who can pick me up are 1. _____ Phone _____
2. _____ Phone _____

If I am sick, please call in this order:

*Name _____ Phone _____
*Name _____ Phone _____
*Name _____ Phone _____

I am carpooling with _____

I am allergic to (medications, foods, etc.) _____

I really like foods, colors, activities, food, etc. _____

I do NOT care for (sounds, activities, foods, etc.) _____

I am right handed or left handed _____

Previous preschool experience and where _____

Please list any concerns here or on the back of the paper