

APPLICATION FOR ENROLLMENT

St. Philip Lutheran Preschool

8115 Williamson Road, NW

Danielle Murray, Director

Roanoke VA 24019

540-300-2919

preschooldirector@stphiliplutheran.net

CHILD'S NAME: _____ AGE: _____ SEX: ___ M ___ F

ADDRESS: _____

ZIPCODE: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____ PHONE: _____

FATHER'S NAME: _____ PHONE: _____ CELL: _____

EMPLOYER: _____

EMAIL: _____

MOTHER'S NAME: _____ PHONE: _____ CELL: _____

EMPLOYER: _____

EMAIL: _____

STUDENT RESIDES WITH: ___ MOTHER ___ FATHER ___ BOTH ___ OTHER

SIBLINGS: _____

EMERGENCY CONTACTS: WE MUST BE ABLE TO REACH A CONTACT AT ALL TIMES DURING SCHOOL HOURS.

NAME: _____ PHONE: _____ RELATIONSHIP: _____

NAME: _____ PHONE: _____ RELATIONSHIP: _____

NAME: _____ PHONE: _____ RELATIONSHIP: _____

PERSON(S) AUTHORIZED TO PICK UP

STUDENT: _____

ANY PERSON(S) PICKING UP CHILD WILL BE REQUIRED TO SHOW PHOTO ID BEFORE STUDENT WILL BE RELEASED, IF NOT THE REGULARLY SCHEDULED PICK UP PERSON(S). PARENTS ARE REQUIRED TO NOTIFY THE PRESCHOOL IF SOMEONE NEW WILL BE PICKING UP.

ALLERGIES/SPECIAL
ACCOMMODATIONS _____

An enrollment fee of \$50.00, or \$65.00 for more than one child per family, **MUST** accompany this application to reserve a space and to cover insurance for the child during the school hours.

MONTHLY TUITION IS DUE BY THE 10TH OF EACH MONTH BEGINNING IN AUGUST AND ENDING IN MAY. THE FOLLOWING AMOUNTS REFLECT A YEARLY TUITION BROKEN INTO MONTHLY INSTALLMENTS:

PLEASE INDICATE THE DAYS DESIRED:

| | | |
|--------------------------|-----------------|-------------------------|
| <input type="checkbox"/> | 1 DAY PER WEEK | TUITION \$60.00/MONTH |
| <input type="checkbox"/> | 2 DAYS PER WEEK | TUITION \$105.00/MONTH |
| <input type="checkbox"/> | 3 DAYS PER WEEK | TUITION \$ 125.00/MONTH |
| <input type="checkbox"/> | 5 DAYS PER WEEK | TUITION \$140.00/MONTH |

PARENTS WISHING TO CHANGE THE ENROLLMENT DATES FOR THEIR CHILD ARE REQUIRED TO NOTIFY THE DIRECTOR IN ADVANCE. CHANGES TO ENROLLMENT DATES IS CONTINGENT ON STAFFING.

I DESIRE TO ENROLL THE ABOVE CHILD AT ST. PHILIP LUTHERAN PRESCHOOL AND HAVE ENCLOSED THE APPLICABLE FEE. I UNDERSTAND THAT THIS FEE IS NOT REFUNDABLE. I ALSO AGREE TO COMPLY WITH FINANCIAL POLICIES AND OTHER INFORMATION SET FORTH BY ST. PHILIP LUTHERAN PRESCHOOL. I UNDERSTAND THAT ST. PHILIP PRESCHOOL IS A PLAY BASED PROGRAM THAT ADHERES TO CURRENT BEST PRACTICES FOR HANDS ON, CHILD LED EDUCATION. I UNDERSTAND THAT PLAY BASED CARE IS INHERENTLY "MESSY" AND INCLUDES OUTSIDE PLAY (WEATHER PERMITTING) AND OPPORTUNITIES FOR THE STUDENT TO BE A PARTNER IN THEIR OWN EDUCATION.

(signature of parent or guardian) DATE: _____

PLEASE RETURN THE APPLICATION AND ENROLLMENT FEE TO:
DANIELLE MURRAY
ST. PHILIP LUTHERAN PRESCHOOL
8115 WILLIAMSON ROAD, NW
ROANOKE VA 24019

