***The registration fee is due upon submission of application.***

*All tuition payments will be handled by FACTS. Please note a $50.00 application fee (subject to change) needs to be remitted to FACTS with*

***online submission*** *of your payment enrollment.*

*It is FACTS policy that first month tuition payment is payable by August 1, 2024.*

\*Tuition paid in half/full can be paid directly to

St. Anne’s Parish Day School by Aug. 7, 2024.

\*\*A 30 day notice is required for all withdrawals and tuition refunds. **Tuition is due for an additional 30 days after a withdrawal notice is submitted.**

\*\*\*Each student needs a **current** physical & shot record on file in the school office before starting school.

\*\*\*\*Each student’s birth certificate must be presented & verified upon enrollment.

\*\*\*\*\*Due to the fact that our teachers have not received special needs training, we are not accepting students with special needs or IEPs.

\*Preschool curriculum is theme-based.

\*\*\*\*\* To receive the parishioner discount, you must be an active member of St. Anne’s Episcopal Church. This includes attending church on a regular basis, actively participating in church based activities and being known to the treasurer (pledging). All church memberships are verified by the church office.

\*\*Extended care for preschoolers is offered before class starting at 8:10 a.m. and after class until 1:00 p.m. All preschool children are allowed to attend extended care for a total of one hour per day **unless** they are waiting for a sibling. Please inquire in the office for more information.

APPLICATION FOR ADMISSION

**Please indicate your first and second choice for all preschool classes.**

(Please write #1 & #2 on the lines of your two choices.)

2.5 yrs., 2 days (T & TH: 8:30 – 11:30)\_\_\_\_\_\_\_\_

3 yrs., 2 days (T & TH: 9:00 – 12:00)\_\_\_\_\_\_\_\_\_

3 yrs., 3 days (MWF: 8:30 – 11:30)\_\_\_\_\_\_\_\_\_\_\_

3.5 yrs., 5 days (M-F: 8:45 – 11:45)\_\_\_\_\_\_\_\_\_\_\_

3.75 & 4 yrs., 2 days (T & TH: 9:00 – 12:00)\_\_\_\_\_

4 yrs., 3 days (MWF: 9:00 – 12:00)\_\_\_\_\_\_\_\_\_\_\_\_

4 yrs., 5 days (M-F: 8:45 – 11:45)\_\_\_\_\_\_\_\_\_\_\_\_\_

Name child goes by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete home address with zip code:\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s work phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s cell phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMAIL:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s work phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s cell phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital status of parents (check one):

Married\_\_\_\_\_\_ Single\_\_\_\_\_\_\_ Separated\_\_\_\_\_\_\_\_

Divorced\_\_\_\_\_\_

If separated or divorced, parent with legal custody:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church Membership:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List two local emergency contacts in case a parent(s) cannot be reached. If necessary, one number may be long distance.

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pediatrician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If none, write none)

List all siblings (names & ages):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the child have an opportunity to play with peers?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What type of discipline is used in the home?  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List the child’s favorite toys:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any family pets (kind & name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any fears?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any allergies? (Food or other)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child regularly take any medication?\_\_\_\_\_

If yes, please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Language spoken in the home:\_\_\_\_\_\_\_\_\_\_\_

\*Note: staff only speak English.

\*\*\*If applicable, has your child ever been diagnosed

with a learning disability or had an IEP at a previous

school?\_\_\_\_\_\_\_

\*\*\*At this time we are not accepting students with special needs or IEPs.

\*\*Toilet trained?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Note: All preschoolers must be fully potty trained in order to be accepted. Students are not allowed to wear pull-ups.

Behaviors (such as tantrums, biting, thumb sucking, etc.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child ever attended a preschool or daycare before? \_\_\_\_\_\_\_\_ If yes, please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about St. Anne’s Parish Day School?  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were you referred by anyone? \_\_\_\_\_ If so, please list his/her name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list other information that will help teachers have a better understanding of your child. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing and dating this application form you are stating that you understand and have filled out the application to the best of your ability.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OFFICE USE ONLY

PT?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date received:\_\_\_\_\_\_\_\_\_\_\_\_\_ Class:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration fee paid\_\_\_\_\_\_\_\_\_\_\_

Birth certificate verified\_\_\_\_\_\_\_\_

Shot Record\_\_\_\_\_\_\_ Health Form \_\_\_\_\_\_\_\_

Accepting person’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age requirements for registration:

**Birth date on or before:**

4yr. olds: 8-31-2020

3.75 yr. olds: 10-31-2020

3.5 yr. olds: 4-16-2021

3 yr. olds: 8-31-2021

2.5 yr. olds: 4-16-2022

St. Anne’s Parish Day School

711 Henderson Drive

Jacksonville, NC 28540

910-347-0755

**2024 - 2025**

**Preschool Application**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Birth Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Tuition & Fees are as follows:*

**Registration:**

Preschool: $150.00

\*\*\*The Registration Fee must be paid when the application is submitted in order to secure your child’s placement.

\*\*\*All Registration Fees are non-refundable after

May 1, 2024 & 75% refundable before May 1, 2024. **\*No Exceptions\***

**Tuition:**

2 day class: $155.00 per month

3 day class: $205.00 per month

5 day class: $235.00 per month

**Tuition for St. Anne’s Episcopal Church Members:**

2 day class: $140.00 per month

3 day class: $190.00 per month

5 day class: $220.00 per month

All tuition is based on a ten month calendar year.

Classes are subject to cancellation upon low enrollment.

A monthly $10.00 sibling discount is given to

non-members only.