

Information about your child:

Does your child have any known allergies: ____ Yes or ____ No If yes, please explain:

Please give any information concerning your child, which will be helpful (such as favorite games, special fears, any other special likes and dislikes):

Any Special Needs: ____ Yes or ____ No

If yes, Please explain:

Church Attend: _____ Previous Preschool Attended: _____

How did you hear about us? _____

Class Interested In: (Check the class you are interested in)

<u>Class</u>	<u>Days Offered</u>	<u>Monthly Tuition</u>	<u>Registration Fee</u>	<u>Supply Fee</u>
Two Day (Twos)	__ M/W	205	150	60
Two Day (Twos)	__ T/TH	205	150	60
Three Day (Threes)	__ M/W/F	260	150	80
Four Day (Fours)	__ M/T/W/TH	305	150	105
Transitional Five Day (Fours)	__ M/T/W/TH/F	365	150	150

(Class for children that do not meet the August 31, 2018 cutoff date for Wake County)

**The registration fee of \$150 and the last month's tuition (May) are due with the application.

** The second child enrolled registration fee is \$75.

**The supply fee is due with your September 1 tuition payment.

Date: _____ Parent's Signature: _____

Date Accepted: _____

Date Paid Registration: _____
