

APPLICATION FOR ENROLLMENT
St. Philip Lutheran Preschool

St. Philip Lutheran Preschool
8115 Williamson Road, NW
Roanoke, VA 24019
(540) 362-5940

Valeria Brewer, Director
4646 Nelms Lane
Roanoke, VA 24019
(540) 366-1818

CHILD'S NAME _____ AGE _____ SEX M F

ADDRESS _____ ZIP CODE _____

DATE OF BIRTH ___/___/___ PLACE OF BIRTH _____ HOME PHONE _____

FATHER'S NAME _____ BUSINESS PHONE _____
Occupation/Employer _____ CELL PHONE _____
Hobbies/Special Interests _____

MOTHER'S NAME _____ BUSINESS PHONE _____
Occupation/Employer _____ CELL PHONE _____
Hobbies/Special Interests _____

PUPIL RESIDES WITH ___ Both Parents ___ Mother ___ Father ___ Other ___

GUARDIAN IF NOT PARENT _____

BROTHERS & SISTERS (name, sex, age) _____

PLEASE SEND COPY OF YOUR CHILD'S IMMUNIZATION RECORD, SIGNED BY YOUR PHYSICIAN OR HEALTH DEPT. OFFICIAL. WE MUST HAVE THIS ON FILE PRIOR TO THE BEGINNING OF THE SCHOOL YEAR.

HAS YOUR CHILD HAD CHICKEN POX yes ___ no ___ DATE _____
CHRONIC ILLNESSES, ALLERGIES, HANDICAPS _____

IN EMERGENCY: CALL (if unable to reach a parent)-WE MUST HAVE A PERSON WHO CAN BE REACHED AT ALL TIMES)

NAME _____ PHONE _____
PHYSICIAN _____ PHONE _____

PERSON(S) AUTHORIZED TO PICK UP CHILD _____ MOTHER _____ FATHER _____
OTHERS (please include phone numbers) _____

Please note any special interests or needs which may help us in getting to know your child better:

PLEASE COMPLETE OTHER SIDE

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. **PLEASE NOTE:** Monthly tuition is due by the 10th of each month beginning in August. We use a prepay system whereby tuitions are paid one month in advance, August through April. The following amounts reflect a yearly tuition divided into nine payments

PLEASE INDICATE THE PROGRAM DESIRED:

- ___ 2 days a week (Tues., Thurs.) for 3-year olds Tuition: \$70.00 month
- ___ 2 days a week (Tues., Thurs.) for 4-year olds Tuition: \$70.00 month
- ___ 3 days a week (Mon., Wed., Fri.) for 3-yr olds Tuition: \$90.00 month
- ___ 3 days a week (Mon., Wed., Fri.) for 4-yr olds Tuition: \$90.00 month
- ___ 5 days a week (Mon.-Fri.) for 5-year olds Tuition: \$110.00 month
(Birthday by December 31)

I DESIRE TO ENROLL THE ABOVE CHILD AT ST. PHILIP LUTHERAN PRESCHOOL AND HAVE ENCLOSED THE \$50.00 (or \$65.00) ENROLLMENT FEE WITH THIS APPLICATION WITHIN 10 DAYS. I UNDERSTAND THAT THIS FEE IS NOT REFUNDABLE AFTER AUGUST 1. I ALSO AGREE TO COMPLY WITH FINANCIAL POLICIES AND OTHER INFORMATION SET FORTH IN WRITING BY ST. PHILIP LUTHERAN PRE-KINDERGARTEN.

_____ DATE _____
(Signature of parent or guardian)

PLEASE RETURN THE APPLICATION AND \$50.00 OR \$65.00 ENROLLMENT FEE WITHIN 10 DAYS TO:

Valeria Brewer
St. Philip Lutheran Preschool
8115 Williamson Road, NW
Roanoke, VA 24019

OPTIONAL INFORMATION

Church affiliation _____
How did you learn of St. Philip Preschool _____

FOR PRESCHOOL USE ONLY

Application and Fee received on _____

Receipt _____ given _____ mailed on _____