

# Raleigh Moravian Preschool

1816 Ridge Road  
Raleigh, NC 27607-6740

Phone: (919) 616-8873

Email: preschool@raleighmoravian.org

Name \_\_\_\_\_

Age on 8/31/11 \_\_\_\_\_

## Mission Statement:

The purpose and mission of Raleigh Moravian Preschool is to provide a nurturing preschool program in a Christian atmosphere, benefiting the child, the parent, and serving as an outreach ministry to the community.

## Registration for 2011-2012

\*All classes meet 9:30 am-1:00 pm.

\*Please check the class and days for which you would like your child enrolled.

Your child must be the age of class you are registering for by Aug 31, 2011

	M-F (5 days) \$375 per month	M/W/F (3 days) \$235 per month	T/TH (2 days) \$195 per month
One's _____ (Must be walking to enter this class)	_____	_____	_____
	M-F (5 days) \$295 per month	M/W/F (3 days) \$235 per month	T/TH (2 days) \$195 per month
Two's _____	_____	_____	_____
Three's _____	_____	_____	_____
Four's _____	_____	_____	_____

**\*Annual Registration/Supply Fee:** \$200 per student, non-refundable  
(Fees cover classroom/school supplies and administrative processing cost)  
All checks should be made payable to Raleigh Moravian Preschool

Name \_\_\_\_\_

Age of 8/31/11 \_\_\_\_\_

**Child's Name** \_\_\_\_\_  
First Middle Last

(Name Used) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ NC \_\_\_\_\_  
Street City State Zip Code

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent's Marital Status: Married \_\_\_ Separated \_\_\_ Divorced \_\_\_

Please let Director know of any special custody arrangements.

**Siblings & Ages:**

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Does your child have any special needs Raleigh Moravian Preschool should be made aware of? (e.g. IEP-Raleigh Moravian Preschool requires a copy be provided.) \_\_\_\_\_

Child's special interests: \_\_\_\_\_

Child's particular fears: \_\_\_\_\_

Please list those who may pick up your child other than parents:  
(ID must be shown)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate if there is anyone to whom your child MAY NOT be released to: \_\_\_\_\_

**Emergency Contacts (other than parents):**

1. Name \_\_\_\_\_ Relation \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Relation \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Health History**

Allergies: \_\_\_\_\_  
Medical Conditions: \_\_\_\_\_  
Child's Doctor: \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_  
Child's Dentist: \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_

**Permission Release/Emergency Treatment:**

I hereby give permission for the staff of Raleigh Moravian Preschool to administer general first aid, i.e. antiseptic cream and bandages. In the event of an illness or accident, which requires immediate treatment at a time when the parent cannot be located, I give permission for Raleigh Moravian Preschool personnel to authorize emergency treatment. I will not hold the center, or it's personnel, responsible. This is done with the understanding that every attempt will have been made to contact the parents, the child's physician, and other persons listed for emergency contact. In the event of a life-threatening emergency, immediate treatment will be obtained.

Hospital Preference: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Preschool Directory & Consent to Photograph**

Permission to use your name, address and phone number in the preschool directory:

Yes\_\_\_\_\_ No\_\_\_\_\_

Permission to photograph your child. Photographs may be utilized in:  
(Please check yes or no to areas photographs can be used)

Classroom Purposes or Preschool Newsletter	Yes_____	No_____
Website	Yes_____	No_____
Raleigh Moravian Church Newsletter	Yes_____	No_____
Marketing/Promotional Purposes	Yes_____	No_____

In order to ensure placement in Raleigh Moravian Preschool a completed application and the Registration/Supply fee of \$200 (check payable to Raleigh Moravian Preschool) are required. Registration/Supply fees are non-refundable (unless Raleigh Moravian cannot place your child in the program).

In addition, by the first day of school an immunization history and the signed Parent Contract (acknowledgement of reading and understanding Raleigh Moravian handbook procedures and policies) are required.

Tuition for Raleigh Moravian Preschool is payable in nine payments. Payments are made for the months of August 1, 2011 through April 1, 2012 (you will have no payment in May). If the first payment, which is due on August 1, 2011 is not received by August 5, 2011 your child will be considered withdrawn and the spot will be given to another child (unless special arrangements are coordinated with the Director in advance). Each tuition payment is due by the first day of school of each month. If any payments are not received by the 5<sup>th</sup> of each month you will be charged a late fee of \$10 per business day until received.