



Soapstone Preschool

12837 Norwood Road, Raleigh, NC 27613

919-870-7727

www.soapstoneumc.org/preschool

bdickinson@soapstoneumc.org

January 2018

Thank you for your interest in our preschool program! This information is designed to help you determine when and how you should register your child(ren) for the 2018-2019 school year. Please read the instructions entirely before you complete your application. Please feel free to call us at 919-870-7727 or email bdickinson@soapstoneumc.org if you have any questions.

PROGRAM INFORMATION

We operate from 9:15 am – 12:15 pm Monday through Friday with an optional Lunch Bunch from 12:15pm - 1:15pm Monday through Thursday. We believe very strongly that the work of children is play, and much is learned through play! In addition to the regular classroom experience, all children participate in Music and Creative Movement class. We also enjoy time outside on the playground each day. Children enjoy weekly chapel time and monthly Science explorations.

CLASS OFFERINGS & TUITION RATES

# of Days per Week	Age Group (Days)	Monthly Tuition
2 Days per Week	Toddlers (T/Th) Twos (M/W or T/Th) Threes (T/Th)	\$200
3 Days per Week	Twos (M/W/F) Threes (M/W/F) Fours (M/W/F)	\$275
5 Days per Week	Twos (M – F) Threes (M – F) Fours (M – F) Fives (M – F)	\$350

Please feel free to contact your child's teacher or the director to decide the best class (not teacher) choice for your child.

Tuition is divided into 9 equal payments (see above monthly rates). Please complete the attached financial agreement to ensure your application is complete. Advance payment for last month's tuition (May 2019) is required for ALL students and will be due or drafted on **May 10, 2018**. Subsequent tuition payments are paid one month in advance and will be due or drafted on the 10th of each month (August through March). Delinquent payments are subject to an assessment equal to any bank fees associated with the transaction.

Tuition may be paid in advance. There will be no refunds or credit given for days missed for any reason including sickness, vacation or the closing of school for inclement weather.

REGISTRATION FEE

The registration fee is equal to one month's tuition, but it is not applied toward tuition. Registration fees may be paid via check, money order or automatic draft. This fee is non-refundable once your child has been placed. If classes are full, this application will remain on our waiting list until an opening is available. When you are notified of an opening, you will have 72 hours to accept it. If you do not respond within 72 hours, your application will be returned to the waiting list and you will forfeit your registration fee.

REGISTRATION DATES & PRIORITIES

Registration for the 2018-2019 school year will be divided into the following three categories:

1. **January 23, 2018—Currently enrolled students & their siblings**
All currently enrolled students are guaranteed a spot (not a specific class) if registration is **received by** January 23 at 1:15 pm.
2. **January 29, 2018—Soapstone Church members not currently enrolled & Previously enrolled families**
Begins Monday, January 29, 2018 at 9:30 am. If necessary, additional priority in this category will be given to any church member whose child has been on the current year's waiting list, with no opportunity for enrollment during the year.
3. **Thursday, February 1, 2018—General Public**
Begins Thursday, February 1, 2018 at 9:30 am. Priority in this category will be given to any family whose child has been on the current year's waiting list, with no opportunity for enrollment during the year.

COMPLETED REGISTRATION PACKETS

To be eligible for any priority grouping, a complete registration packet received in the Soapstone Preschool Office by the corresponding date and time as listed above must include the following:

1. Signed Enrollment Application Form
2. Signed and Notarized Student Information Form (Two-sided)
3. A completed Soapstone Financial Agreement with voided check if necessary
4. A check for the Registration Fee if not opting for automated draft
5. Immunization records for first time Soapstone students; we do not accept religious exemptions. Returning students may submit updated records by August 10, 2018.

Completed registration packets will be accepted at any time prior to their due date. As they are received, they will be dated and then will be considered with the appropriate category. All families will receive notification of their child's enrollment status **via email** within 72 hours of the close of their priority group's application deadline or receipt of your application if after February 1, 2018.

MEDICAL INFORMATION

A children's medical form along with a copy of your child's current immunization record must be completed and returned **by August 10, 2018**.

If you have any questions, please contact us at 919-870-7727 or bdickinson@soapstoneumc.org.

Thanks again you for your interest and support of our program. We are grateful for the opportunity to share in the growth and development of your children. They are our highest priority, and we never forget that they are truly a gift from God. We appreciate your trust and thank you for sharing your children with us!

Sincerely,



Beth Dickinson, Director

Soapstone Preschool

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Check all the following that apply:

- Currently enrolled at Soapstone Preschool
- Sibling of currently enrolled student
- Member of Soapstone UMC
- Former Soapstone Preschool family
- General Public
- On Waiting List for current year

Enrollment Application 2018-2019

Child's Name _____

Birth Date _____

Age as of 8/31/18 _____

Designate 1st & 2nd Choices	Class Options	Days of Week	One-Time Registration Fee*	Monthly Tuition
Toddlers--Must be 15 months by August 31, 2018				
	2 Days—Toddler Class	T/Th	\$200	\$200
Two-Year-Olds—Must be 2 years by August 31, 2018				
	2 Days—Two-Year-Old Class	M/W	\$200	\$200
	2 Days—Two-Year-Old Class	T/Th	\$200	\$200
	3 Days—Two-Year-Old Class	M/W/F	\$275	\$275
	5 Days—Two-Year-Old Class	M - F	\$350	\$350
Three-Year-Olds—Must be 3 years by August 31, 2018				
	2 Days—Three-Year-Old Class	T/Th	\$200	\$200
	3 Days—Three-Year-Old Class	M/W/F	\$275	\$275
	5 Days—Three-Year-Old Class	M - F	\$350	\$350
Four-Year-Olds—Must be 4 years by August 31, 2018				
	3 Days—Four-Year-Old Class	M/W/F	\$275	\$275
	5 Days—Four-Year-Old Class	M - F	\$350	\$350
Transitional Class—Must be 5 years by October 31, 2018				
	5 Days—Five-Year-Old Class	M - F	\$350	\$350

Registration Fee Policy*

- If a space is available and I do not accept that space, my registration fee is non-refundable.
- If my family moves 25 miles or more from Soapstone Preschool before August 1, 2018, 50% of the registration fee is refundable. Proof of relocation (such as a utility bill with the parent's name) must be submitted by August 1, 2018 to receive 50% refund of the registration fee.
- There will be no refund of registration fees for withdrawals after August 1, 2018 or for children who remain within 25 miles of Soapstone Preschool.

I certify that all of the information submitted is true, correct and complete and I understand and accept the terms of the Registration Fee Policy.

Parent Signature _____ Date _____

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STUDENT INFORMATION

Child's Name _____ Preferred Name _____
(Last) (First)

Address _____
(Street) (City) (State) (Zip Code) (Subdivision)

Date of Birth _____ Age as of 8/31/18: _____ Male Female

Soapstone UMC church member? Y N Would you like to receive information about SUMC? Y N

Has your child had prior preschool experience? Y N Involved in a playgroup? Y N
Church/Sunday School? Y N

Please help us plan for your child's well-being by listing any special needs below (i.e. visual, emotional, physical, developmental, etc.)

Please list any other information about your child that might help us to make preschool a positive experience for him/her (such as play, eating and sleeping habits, fears, anxieties, special likes or dislikes).

PARENT & FAMILY INFORMATION

	Parent 1	Parent 2
Name		
Home phone		
E-mail		
Address		
Mobile phone		
Employer		
Work Phone		
Lives with Child?		

Siblings (Names & Ages): _____

Pets (Names & Type): _____

Other adults living in the household: _____

MEDICAL INFORMATION

Please list all known food and environmental allergies: _____
 Doctor's Name/Practice _____ Phone _____
 Dentist's Name/Practice _____ Phone _____
 Hospital Preference _____
 Medical Insurance Company _____ Policy Holder _____ Policy # _____

EMERGENCY PERMISSIONS & AUTHORIZATION

Permission to Pick-Up

List those persons that have permission to pick your child up from preschool (other than the child's parents).

Name	Relationship to child	Daytime phone

Alternate Emergency Contact Information

List at least 2 persons (not from the same family) that can be contacted if you cannot be reached.

Name	Relationship to child	Daytime phone

Emergency Care

I am the custodial parent having legal custody of _____, a minor child, born _____. I authorize the Director or alternate employee of Soapstone Preschool to provide emergency care for my child in the event that I cannot be contacted immediately, including, but not limited to, the power (i) to provide emergency health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person whose services may be needed for emergency health care, and (ii) to consent to and authorize any health care, including administration of anesthesia, x-ray examination, performance of operations, and other procedures by physicians, dentists, and other medical personnel except the withholding or withdrawal of life sustaining procedures. All measures will be made to contact the parents first before action is taken.

By signing here, I indicate that I have the understanding and capacity to communicate health care decisions and that I am fully informed as to the contents of this document and understand the full import of this grant of powers to the Director or alternate employee of Soapstone Preschool.

I, _____, a Notary Public of _____ County, North Carolina, certify that _____ (custodial parent's name), personally appeared before me this day and signed the foregoing instrument. Witness my hand and notarial seal, this _____ day of _____, 20_____.

(PLACE SEAL HERE)

_____ NOTARIZED Signature of Custodial Parent	_____ Date
_____ Notary Public Signature	_____ My commission expires

I understand and agree with the following:

- Soapstone Preschool reserves the right to maintain a reasonable boy/girl ratio in each class.
- Medical form (including yearly physical documentation and immunization record) is due August 10, 2018.
- If applicable, I understand that an Allergy Action Plan completed by a physician must be on file before my child can start school.
- I give my permission for my child's picture (no names included) to be used for information purposes and to promote the understanding of quality early childhood education via: Church Lobby Television Church Newsletter Church/Preschool Website Preschool Facebook Page
- I give my permission for my child to participate in class field trips (with prior notification).
- I give my permission for my child to go with his or her class outside the fenced in area, such as the church amphitheater or the back parking lot to ride bikes, visit the firetrucks, draw with chalk, or take part in other activities that require larger areas.

Signature

Date

SOAPSTONE PRESCHOOL FINANCIAL AGREEMENT

Child's Name _____

Parent's Name _____

Please indicate your preferred payment method(s):

- I am attaching a check for my registration (and additional fees as necessary) and agree to submit subsequent payments via check on the schedule as indicated below.
- I authorize Soapstone Preschool to initiate DEBIT transactions to my banking account using the information provided and on the schedule as indicated below.
- I authorize Soapstone Preschool to continue DEBIT transactions to my banking account using the information currently on file and on the schedule as indicated below.

Signature _____

Date _____

REGISTRATION ITEMS			
Item	Amount	Date Payment Due or Date to Be Drafted	Amount Due
Registration Fee	2 days—\$200 3 days—\$275 5 days—\$350	Payment Due Upon Registration or Drafted on 2/10/18	\$
Tote Bag (required for all students)	\$7 (if applicable)		\$
T-Shirt (optional) <input type="checkbox"/> XSmall 2-4 <input type="checkbox"/> Small 6-8 <input type="checkbox"/> Medium 10-12	\$9		\$
Total Amount Due at Registration:			\$

MONTHLY TUITION			
Item	Monthly Amount	Date Payment Due or Date to Be Drafted	Amount Due
May 2019 Tuition	2 days—\$200 3 days—\$275 5 days—\$350	Payment Due or Drafted on 5/10/18	\$
Subsequent Monthly Tuition Payments	2 days—\$200 3 days—\$275 5 days—\$350	Payment Due or Drafted on 10th of Month August - March	\$

OPTIONAL LUNCH BUNCH			
Item	Amount per Semester	Date Payment Due or Date to Be Drafted	Amount Due
<u>First Semester—3 yo & older</u> September - December <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	1 day—\$65 2 days—\$130 3 days—\$195 4 days—\$260	Payment Due or Drafted on 8/10/18	\$
<u>First Semester—2 yo</u> October - December <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	1 day—\$50 2 days—\$100 3 days—\$150 4 days—\$200	Payment Due or Drafted on 9/10/18	\$
<u>Second Semester—all ages</u> January - May <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	1 day—\$80 2 days—\$160 3 days—\$240 4 days—\$320	Payment Due or Drafted on 12/10/18	\$

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

Checking/Savings	Please debit payment from my account (check one): <input type="checkbox"/> Savings Account—Contact your financial institution for Routing # <input type="checkbox"/> Checking Account—Attached voided check	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ <div style="font-size: small; text-align: center;"> ⑆ 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 * 0 0 0 1 </div> <div style="font-size: x-small; text-align: center;"> └─── Routing Number └─── Account Number └─── Check Number </div>
I authorize Soapstone Preschool to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the agreement.		
Authorized Signature: _____ Date: _____		