

Raleigh Moravian Preschool
 1816 Ridge Road
 Raleigh, NC 27607-6740
 Phone: 919-616-8873
 Email: preschool@raleighmoravian.org



Mission Statement

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

Registration for 2012-2013

Name _____
 Age on 08/31/12 _____

All classes meet 9:30 am to 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, 2012.

	M-F (5 days)	M/W/F (3 days)	T/Th (2 days)
	\$325 per month	\$235 per month	\$195 per month
One's (must be walking to enter this class)	_____	_____	_____
	\$310 per month	\$235 per month	\$195 per month
Two's	_____	_____	_____
Three's	_____	_____	_____
Four's	_____	_____	_____

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

Early Morning Drop Off

The program starts at 9:00am and is available throughout the school, following the same schedule of holidays and teacher workdays. There is a \$50 reservation fee to reserve a spot, and this amount will be applied towards the first month's fee (if you withdraw from this reservation, the amount will not be refunded). Please include the monthly fee with your monthly tuition check.

M-F (5 days)	M/W/F (3 days)	T/Th (2 days)
\$110 per month	\$75 per month	\$50 per month

Number of children
enrolled in early morning
drop off option _____

If your family is interested in this option on a "drop off as needed" basis, the fee will be \$5.50 per day. This option will be available only if there is space and must be approved by the Preschool Director prior to the day of drop off.

Child's Name

First	Middle	Last
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Name Used _____

Date of Birth _____ Home Phone _____

Age on 08/31/12 _____

Address _____ NC _____

Street	City	Zip Code
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Mother's Name _____ Cell Phone _____

Email _____

Employer _____ Work Phone _____

Father's Name _____ Cell Phone _____

Email _____

Employer _____ Work Phone _____

Parents' Marital Status: Married _____ Separated _____ Divorced _____

Please let Preschool Director know of any special custody arrangements.

Siblings & Ages:

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 that 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 Preschool or its personnel responsible. This is done with the understanding that every attempt will have been made to contact the parents, the child's doctor, and other persons listed as emergency contacts. 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 (Please check yes or no to indicate how / where photographs may 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, an immunization history and the signed Parent Contract (acknowledgement of reading and understanding Raleigh Moravian handbook procedures and policies) are required by the first day of school.

Tuition for Raleigh Moravian Preschool is payable in nine payments. Payments are made for the months of August 1, 2012 through April 1, 2013 (you will have no payment in May). If the first payment, which is due on August 1, 2012, is not received by August 5, 2012 your child will be considered withdrawn and the spot will be given to another child (unless special arrangements are coordinated with the Preschool 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 5th of each month you will be charged a late fee of \$10 per business day until received.

Financial Assistance

Short-term financial assistance is available to families with financial difficulties or hardship. See the Preschool Director for an application.