



Dear Prospective Preschool Family,

We are so glad that you are interested in St. Alban's. We are a small, faith-based program with a highly experienced staff! We meet the needs of all children through fun, play-based, hands-on learning. We'd love to have your child be a part of this special place!

A bit about our registration process-

Registration for new families started in January. All remaining openings are being filled on a first come, first served basis. In order for us to consider your child's application for enrollment, families should submit a registration packet, the registration fee, and the first month's tuition (this is considered a prepayment for May 2025) for each child being enrolled. The registration fee and tuition payment are non-refundable if offered admission. Registration packets should be filled out completely including your name, address, phone and email as well as all of the required signatures.

Future tuition payments are due on the 1st of the month, September-April. The one-time yearly enrichment fee of \$100 will be due with September tuition and covers all of the special classes (Math & Science Nucleus, Stretch-n-Grow, Drama, Wiggle Worship). Please note that tuition is calculated by establishing a daily rate, multiplying this number by the total number of school days for a given class, and then dividing the total by the 9 months that make up our school year. There are no refunds for days missed.

Because we never want cost to be prohibitive for families that want their children at St. Alban's Preschool, we proudly offer tuition assistance. Interested families should reach out to the preschool office to receive an application packet which will be reviewed by the Preschool Board. The process is completely confidential and your name will not be shared!

We are so glad that you are considering St. Alban's Preschool for your child. Please reach out with any questions!

Sincerely,

Patti Rossini, Director
St. Alban's Preschool

*Let the little children come to me. Don't stop them!
For the Kingdom of Heaven belongs to those who are like these children.
Matthew 19:14*



**Registration For New Families
2024/2025 School Year**

Child's First Name _____ Child's Last Name _____

Date of Birth _____ Gender () Male () Female

Placement occurs in the following order (please circle your child's category below):

currently enrolled sibling-church member sibling-non church member alumni general public

Class options (please mark 1 st and 2 nd Choice)	Monthly Tuition	Teacher:Student Ratio
() Mon/Wed: Two Years of Age by 8/31/24	\$255	2:10
() Tues/Thurs: Two Years of Age by 8/31/24	\$272	2:10
() Mon/Wed/Fri: Three Years of Age by 8/31/24	\$331	2:12
() Monday-Friday: Three Years of Age by 8/31/24	\$566	2:12
() Monday-Thursday: Four Years of Age by 8/31/24	\$384	2:14
() Monday-Friday: Four Years of Age by 8/31/24	\$477	2:14

****All children must be the age of their enrolled class by August 31, 2024. Children remain with their class for the entire school year and do not change classes on their birth date.**

Payment to be Submitted:

Registration Fee \$100
 Tuition (please submit payment for 1st choice) \$ _____
 Total Due \$ _____

Method of Payment: () check () sent through your bank's electronic bill pay () through Brightwheel App (processing fee will be added)

() If you, as the child's parent/guardian, are a pledging member of St. Alban's Episcopal Church as of January 1, 2024 please check here and verification will be obtained from the parish administrator.

Please list names and ages of any siblings that you are registering:

Parent Name (1) _____ Parent Name (2) _____

Parent Phone (1) _____ Parent Phone (2) _____

Parent Email (1) _____ Parent Email (2) _____

Mailing Address _____

Please indicate by your signature that you understand the financial policies as stated: The registration fee and first month's tuition are due at registration and are not refundable if offered admission. The second tuition payment and one time \$100 enrichment fee will be due September 1st. Payments are due on the 1st of the month September-April.

Parent Signature _____

Date _____



Enrollment Information 24/25 School Year

Emergency Contacts:

If parent/guardian cannot be contacted, please call the following who are also authorized to pick up my child:

Name: _____ Phone: _____ Relationship _____

Name: _____ Phone: _____ Relationship _____

Name: _____ Phone: _____ Relationship _____

Other Authorization for Release:

The following additional people have permission to pick up my child from preschool (these could be fellow preschool parents, neighbors, etc. that you would not want called in an emergency but can still pick up your child:

Name: _____ Phone: _____ Relationship _____

Name: _____ Phone: _____ Relationship _____

Name: _____ Phone: _____ Relationship _____

Name: _____ Phone: _____ Relationship _____

Getting to Know Your Child:

Sibling names, ages, school: _____

What are your child's favorite activities? _____

What are your child's least favorite activities? _____

Is your child fearful of anything (separation, loud noises, etc.)? _____

What things are comforting to your child? _____

What time does your child go to bed? _____

Does your child take naps (if so, how long, when): _____

Food preferences/dislikes: _____

What are your expectations for your child at preschool this year? _____

Any other information that you would like to share:

Permission to Photograph:

Your child's photograph will be used from time to time within the preschool for special art projects, classroom scrapbooks, etc. Teachers send pictures to parents in the Brightwheel App and their weekly newsletters. We will not use your child's photo on the preschool website, Facebook page, or any promotional materials without your signed permission below.

By signing here, I give permission for my child's photograph to be used on the preschool website, Facebook page, or in any promotional materials. We will never use a child's name.

Parent Signature

Date

Directory Information:

Each family enrolled in the preschool will receive a class roster that includes your child's name, parent names and email/phone provided at registration.

Parent Signature

Date

Parent/Guardian Consent for Treatment:

I consent to have my child receive first aid treatment by St. Alban's Weekday Preschool staff in the event of an injury. I understand that SAWP staff will contact 911 in the event of a life-threatening emergency and I hereby authorize SAWP staff to perform any necessary first aid/CPR while waiting for medical assistance to arrive. If it is deemed necessary to transport my child by emergency vehicle to the nearest hospital, I also agree that SAWP staff may authorize emergency medical care by hospital staff in the event that I cannot be contacted immediately.

Parent Signature

Date

Policies and Procedures:

My signature indicates that I understand and agree to abide by all financial policies, preschool procedures, and policies related to day to day operations, health and safety, discipline, and the educational program.

Parent Signature

Date



Physician's Statement Due by August 1st

Please note that this form must be signed and stamped by the child's physician and proof of up-to-date vaccination, documented catch up plan, or documented medical exemption is required (please attach).

Child's Name: _____ Date: _____

Date of last "Well Check": _____

Please list any long term medication(s) taken by this child and possible side effects that we might happen to observe: _____

Please list any medical, developmental, or behavioral conditions that we should be aware of: _____

Please list any family/home situations that we should be aware of: _____

Does child have any allergies to food or medication that we should be aware of?
_____ yes (*if the answer is yes, please fill out allergy action plan*) _____ no

Is the child able to participate in all indoor/outdoor physical activities at preschool or preschool summer camp? _____ yes _____ no

Is the child up to date with all immunizations according to the American Academy of Pediatrics recommendations? _____ yes _____ no

Physician's Signature _____ Date _____

Address _____

Phone Number _____