

STRATFORD PRESCHOOL
P. O. Box 55407
Virginia Beach, VA 23471-0562
Linda Huff, Director
Phone: 460-0659

APPLICATION/ENROLLMENT

(September 2020-May 2021)

		<u>Annual Tuition</u>	<u>Discounted for check or cash to:</u>
For program (select one)	9:00 a.m.-12:00 noon	___\$6,390.00	\$6,200.00___
3's may choose noon or 1p.m.	9:00 a.m. - 1:00 p.m.	___\$7,100.00	\$6,900.00___
4's may choose noon, 1p.m. or 2:30			
Jr. and Sr. Kindergartener must select ----->	9:00 a.m. - 2:30 p.m.	___\$8,190.00	\$7,950.00___

Pupil: _____ Date of birth ___/___/___ sex M___ F___

Name: _____

first middle last Nickname (if any)
Address: _____
number street city state zip SUBDIVISION

NEW PUPIL: Place of birth _____

city state

Birth Certificate number _____ Date Issued _____

(Please attach a copy of Birth Certificate.)

MOTHER (or guardian) name: _____ E-mail _____

Authorized to pick up child? Yes ___ no ___ *

Home address: _____
number street city state ZIP

Place employed: _____ Work phone _____

Telephones: Home _____ Cell _____ Emergency _____

FATHER (or guardian) name: _____ E-mail _____

Authorized to pick up child? Yes ___ no ___ *

Home address: _____
number street city state ZIP

Place employed: _____ Work phone _____

Telephones: Home _____ Cell _____ Emergency _____

*If answered "no," you must submit with this application appropriate legal documentation, showing that the pupil is not to be released to that parent.

EMERGENCY ALTERNATIVE CONTACTS (Name **two** local residents.)

(1) Name: _____ Relationship to child: _____

Address: _____
number street city state ZIP
Telephone: (H) _____ (C) _____ Authorized to pick up child? Yes ___ No ___

(2) Name: _____ Relationship to child: _____

Address: _____
number street city state ZIP
Telephone: (H) _____ (C) _____ Authorized to pick up child? Yes ___ No ___

PHYSICIAN (pupil's) _____
name telephone

WE DO NOT ADMINISTER ANY MEDICATIONS OR MEDICAL TESTS.

(except benadryl and epipen in a life threatening emergency with appropriate doctor's orders)

ALLERGIES and intolerance to food, medication, or other substances, None _____ Yes (describe) _____

Emergency Instructions:

Actions you want the school to take in an EMERGENCY situation, affecting your child: Call 911 _____

Directions as follows: _____

FOR US TO UNDERSTAND YOUR CHILD

Date your child first started Stratford: month _____ day _____ year _____

Previous schools, or play groups, attended: _____

Programs to be attended, concurrently with Stratford Preschool: _____

Names and birthdates of siblings: _____

Other information (chronic physical problems, developmental information, or other insights you wish to provide)

(If your child has developmental disabilities, please discuss these with the director, prior to enrollment)

We understand that should our child become ill, the school will notify us, and we are to have the child picked up, as soon as possible. Further, I (we) hereby AUTHORIZE EMERGENCY MEDICAL CARE for this child should an emergency occur, and I (we) cannot be contacted, immediately.

We will inform the school within twenty-four hours, or the next business day, after our child, or any member of our immediate household, has developed a communicable disease. If the disease is life-threatening, we will report it, immediately.

Parent's, or legal guardian, signature: _____
(Printed name) _____

Signature: _____

Date: _____ (Printed name) _____

Accepted: _____ Date: _____

Linda Huff

HEALTH FORM: STATE REGULATIONS REQUIRE that we have on file for your child a "School Entrance Examination" form completed since September 1st, last year and the related "Certificate of Immunization." The doctor **MUST SIGN** that the child has been adequately immunized. Please, complete Part I of this form, sign and date it; then, have the child's physician complete parts II and III. Return completed form to us.

Your child's enrollment is not complete until we have the completed HEALTH FORM, along with all information requested on this APPLICATION/ENROLLMENT form and the INITIAL TUITION PAYMENT.

TUITION: Just as enrollment is for the full school year, the tuition obligation is for the full school year. An initial payment of **10%** is due with this form. The remaining 90% is payable in monthly installments of 10% each, (September through May are payments 2-10) and are due by the 10th of each month starting in September. (Tuition payment coupon books will be provided, before the September payment is due.) Tuition may be paid in advance for the year, or by the semester or monthly. Tuition may be paid by credit card through our website or discounted tuition may be paid by check or cash.

<u>Program</u>	<u>Yearly tuition</u> (tuition/discounted)	<u>Initial payment</u> (with registration form)	<u>Monthly payment</u> (Sept.-May)
9:00 a.m.-12:00 noon	\$6,390 / \$6,200	\$639/ \$620	\$639/ \$620
9:00 a.m.-1:00 p.m.	\$7,100/ \$6,900	\$710/ \$690	\$710/ \$690
9:00 a.m.-2:30 p.m.	\$8,190/ \$7,950	\$819/ \$795	\$819/ \$795

PLEASE, advise us of any changes, during the year, in phone numbers, addresses, or other information so that we may keep our records current.