

Stratford Preschool  
P. O. Box 3615  
Virginia Beach, VA 23454  
Phone: 409-7319

Whitney Whitehurst, Administrator  
Laura Mack, Director

Application  
(September 2022-May 2023)

Annual Tuition

For program (select one)

3's must select **noon**.

9:00 a.m.-12:00 noon \_\_\_ \$6,500.00

4's may choose **noon, or 2:30**

Jr. and Sr. Kindergartener **must select 2:30**

9:00 a.m. - 2:30 p.m. \_\_\_ \$8,800.00

**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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Previous schools, or play groups, attended: \_\_\_\_\_

Programs to be attended, concurrently with Stratford Preschool: \_\_\_\_\_

Names and birthdates of siblings: \_\_\_\_\_

Other information (please detail chronic physical problems, developmental information, or other insights) \_\_\_\_\_

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: \_\_\_\_\_ Date: \_\_\_\_\_  
(Printed name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Printed name)

Accepted: \_\_\_\_\_ Date: \_\_\_\_\_  
Whitney Whitehurst/Laura Mack

Upon receipt of this APPLICATION and the INITIAL DEPOSIT, we will send you an email conforming your conditional enrollment. Enrollment is NOT fully complete until we receive your child's health form(available on our website).

**TUITION:** Just as enrollment is for the full school year, the tuition obligation is for the full school year. An initial deposit of **10%** is due with this form. The remaining 90% is payable in monthly installments of 10% each. These are due by the 10<sup>th</sup> of each month starting, September 10<sup>th</sup>. Tuition may be paid in advance for the year, or by the semester or monthly.

<b><u>Program</u></b>	<b><u>Yearly tuition</u></b> (tuition)	<b><u>Initial nonrefundable deposit</u></b> (with registration form)	<b><u>Monthly payment</u></b> (Sept 10.-May 10)
9:00 a.m.-12:00 noon	\$6,500	\$650	\$650
9:00 a.m.-2:30 p.m.	\$8,800	\$880	\$880

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