



# Preschool Enrollment Packet

## Chapel by the Sea Preschool

Child's Full Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_

Nursery Class- Four days/week(Tuesday, Wednesday, Thursday, Friday) ~ 8:30am-12:00pm Newborn to 2 years. \$225  
Registration fee (annual non-refundable) & \$160 a week.

2-year-old class – Four days/week (Tuesday, Wednesday, Thursday, Friday) – 8:30am-12:00pm  
*Students must be 2 on or before August 31<sup>st</sup>. Child **does not** have to be potty trained.*  
\$225 registration fee (annual *non-refundable*) & \$290.00 monthly

3-year-old class – Four days/week (Tuesday, Wednesday, Thursday, Friday) – 8:30am-12:00pm  
*Students must be 3 on or before August 31<sup>st</sup> & potty trained.*  
\$225 registration fee (annual *non-refundable*) & \$290.00 monthly

4-year-old class – Four days/week (Tuesday, Wednesday, Thursday, Friday) – 8:30am-12:00pm  
*Students must be 4 on or before August 31<sup>st</sup> & potty trained.*  
\$225 registration fee (annual *non-refundable*) & \$290.00 monthly

Child's Name

\_\_\_\_\_

<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
-------------------	--------------------	------------------

Which name should be used at school? \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ ;  male  female  
mm dd yyyy

Father/Legal Guardian Name

\_\_\_\_\_

Address

\_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother/Legal Guardian Name

\_\_\_\_\_

Address

\_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Preferred Family Email Address:

\_\_\_\_\_

Parents are:  Married;  Living Together;  Separated;  Divorced;  Widowed;  Single

If separated or divorced, do you have joint custody?  Yes  No

If No, name of parent with legal custody \_\_\_\_\_

**CHAPEL BY THE SEA PRESCHOOL MUST HAVE COPIES OF ALL CUSTODY PAPERS ON FILE.**

I have submitted all custody paperwork with this application.  Yes  No

Other Members of Household:

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Elementary School District  
\_\_\_\_\_

Church Affiliation \_\_\_\_\_  Active  Inactive  None

What do you want your child taught about God?

What are your three most basic priorities regarding the total education of your child?

1.

2.

3.

Has your child been in a weekly preschool educational program or daycare program in the past?  Yes  No  
If yes, was this a positive or negative experience for your child?  Positive  Negative

Please explain:

How did you hear about the Chapel By The Sea Preschool?

Friend  Family  Radio  Website  Social Media  Church  Poster/Flyer  Other

All the information provided in this application is accurate and complete to the best of my knowledge.

Printed Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date Signed

\_\_\_\_\_

Attached is a check payable to *Chapel By The Sea* for the sum of TWO HUNDRED AND TWENTY FIVEN DOLLARS (\$225.00) for the non-refundable preschool registration fee

or \*I charged the non-refundable registration fee online at [www.eichapel.org](http://www.eichapel.org). GIVE tab designate PRESCHOOL.

**\*Confirm your child's enrollment with the Preschool Director before charging your credit card online for registration fee and tuition.**

\*\*\*\*\*

FOR CHAPEL BY THE SEA USE ONLY:

Application received on \_\_\_\_\_; Receipt issued on \_\_\_\_\_; Receipt No. \_\_\_\_\_

Application processed on \_\_\_\_\_ Parent contacted on \_\_\_\_\_

## MEDICAL/SPECIAL NEEDS

- **Our preschool policy does not accept religious exemptions**

**ALLERGY:** Please list below any allergies your child may have or specify "No Allergies" if this does not apply to your child.

---

---

Special Instructions:

---

---

---

---

**MEDICAL CONDITION:** Please list below any medical condition(s) your child may have or specify "No Medical Conditions" if this does not apply to your child.

---

---

Special Instructions:

---

---

Has your child been referred for testing or tests for any special needs including, but not limited to, emotional, behavioral, speech, or developmental delays?

Yes  No

If YES, please give a brief explanation of the needs to be maintained by the school staff on a confidential basis.

---

---

For our files, please attach documentation of any specific treatments prescribed by medical professionals concerning the special health needs of your child. Thank you.

## PARENTPAL AUTHORIZATIONS

### ACTIVITY AUTHORIZATION

If the preschool staff has planned activities outside the supervised fence play area:

Yes, I will allow my child to play outside the fenced play area under teacher supervision.

No, I will NOT allow my child to play outside the fenced play area.

---

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### AUDIO/VISUAL CONSENT

By signing below, I, \_\_\_\_\_, do hereby grant Emerald Isle Chapel By The Sea permission to use my child's voice, photo, or likeness for publication and/or marketing purposes as allowed by law. I understand that this may include website photos, news broadcasts, newspaper columns, and other promotional materials.

---

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### DIRECTORY INFORMATION

As a courtesy, the Chapel By The Sea Preschool provides a student directory to our preschool families. The information is only shared with other preschool families and includes the student's name, parent names, address, phone number, and family email address.

Yes, I authorize the above information to be published in the Chapel By The Sea Preschool Directory.

---

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Please exclude the following information: \_\_\_\_\_

---

No, I do NOT authorize the above information to be published in the Chapel By The Sea Preschool Director

Parent/Legal Guardian Signature

Date

**COMPLIANCE WITH THE SEX OFFENDER POLICY**

To provide the safest environment possible for the Chapel By The Sea Preschool children, all preschool families must notify the school of any immediate family members who are registered sex offenders and who may have cause to attend activities sponsored by the Preschool. Information on how to notify the school is available in the Chapel or Preschool office.

Your signature below verifies your awareness that the school regularly checks the NC Sex Offenders Registry, and your commitment to adhere to the sex offender policy. This line must be signed for the application to be processed.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**TUITION POLICY AGREEMENT**

I (we) understand that tuition and other fees are necessary for Chapel By The Sea Preschool to successfully fulfill our mission to sustain a premier Christian Preschool Program. I (we) commit to promptly meet all financial obligations to the Chapel By The Sea Preschool in accordance with Biblical stewardship principles.

Therefore, I understand and agree to comply with the following tuition policies:

1. A \$225.00 non-refundable application deposit is required at the time of application. A deposit is not necessary if my child is placed on a waiting list.
2. Monthly tuition payments made by check or money order are payable to CHAPEL BY THE SEA (*NOT PRESCHOOL*) and are due on the 1<sup>st</sup> day of each month. The preferred option is charging costs online [www.eichapel.org](http://www.eichapel.org), GIVE tab designate PRESCHOOL.
3. A 10-day grace period will follow the monthly due date for all tuition payments. A tuition payment will be on time if received by the end of class on the 10<sup>th</sup> day of the month. If the 11<sup>th</sup> of the month falls on a weekend or holiday, payment will be considered late.
4. Any tuition payment received after the initial 10-day grace period must include a \$25 late fee (\$290 + \$25 = \$315/student).
5. Tuition payments that are one (1) month past due will require the parent to meet with the school administration. Payments that are two (2) months past due will subject the student to be withheld from attending school until tuition payments and late fees are made current.

**FINANCIAL COMMITMENT**

I (we) understand and agree to pay tuition and fees in a timely manner, according to the current schedule of tuition and fees.

\_\_\_\_\_  
*Print Name Signature*

\_\_\_\_\_  
*Print Name (if applicable) Signature*

\_\_\_\_\_  
*Date Signed*

PLEASE SELECT A **PAYMENT OPTION** BELOW:

- OPTION 1 – **Single Payment One payment** of (\$225 one-time registration fee + \$290 x 9 months=**\$2,835.00**) made by check/money order to Chapel by the Sea due on or before September 1<sup>st</sup> of current school year.
- OPTION 2 – **Monthly** Payments Nine (9) payments made by check/money order or preferably charged online [www.eichapel.org](http://www.eichapel.org), GIVE tab and designate PRESCHOOL due on or by the 1<sup>st</sup> of each month beginning September 1<sup>st</sup> and ending May 1<sup>st</sup> of the current school year.
- OPTION 3 – Automatic Bank Payments Nine (9) payments made automatically through your online banking service, payable to Chapel by the Sea by the 1<sup>st</sup> of each month of the current school year. You will make the arrangements through your financial institution.
- OPTION 4 – Other Meet with Preschool Director to arrange other payment options.

Chapel By The Sea Preschool® is a ministry of Emerald Isle Chapel By The Sea

[www.eichapel.org](http://www.eichapel.org)

6712 Emerald Drive, Emerald Isle, NC 28594 / (252) 764-0083 / [chapelbytheseapreschool@gmail.com](mailto:chapelbytheseapreschool@gmail.com)