

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

Whitney Whitehurst, Administrator
Laura Mack, Director

Application
(September 2025-May 2026)

- 3's 3 days a week (M,W,F) 9:00 a.m.-12:00 noon Older 4's 9:00 a.m.-2:30 p.m.
 3's 5 days a week 9:00 a.m.-12:00 noon Jr. Kindergarten 9:00 a.m.-2:30 p.m.
 Older 4's 9:00 a.m.-12:00 noon Sr. Kindergarten 9:00 a.m.-2:30 p.m.

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 # _____ Date Issued _____ **(Please attach a copy of Birth Certificate.)**

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

Authorized to pick up child? Yes _____ no _____ *

Home address: _____

Place employed: _____ Title _____

Home/Cell _____ Work _____ Emergency _____

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

Authorized to pick up child? Yes _____ no _____ *

Home address: _____

Place employed: _____ Title _____

Home/Cell _____ Work _____ 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: _____

Telephone: (H) _____ (C) _____ Authorized to pick up child? Yes ___ No ___

(2) Name: _____ Relationship to child: _____

Address: _____

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 First day of school: _____ / _____ / _____

Previous schools, programs to be attended, concurrently with Stratford Preschool: _____

Names and birthdates of siblings: _____

Please detail chronic physical problems, developmental information, or other insights .(This is required.)

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 nonrefundable deposit of **10%** is due with this form. The remaining 90% is payable in monthly installments of 10% each. These are due by the 10th of each month starting, September 10th. Tuition may be paid in advance for the year, or by the semester or monthly.

| <u>Program</u> | <u>Yearly tuition</u> (tuition) | <u>Initial nonrefundable deposit</u> (with registration form) | <u>Monthly payment</u> (Sept 10.-May 10) |
|----------------------------|---|---|--|
| 3 Day 9:00 a.m.-12:00 noon | \$5,100 | \$510 | \$510 |
| 9:00 a.m.-12:00 noon | \$6,800 | \$680 | \$680 |
| 9:00 a.m.-2:30 p.m. | \$9,100 | \$910 | \$910 |

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