



Dear Parents:

Thank you for your interest in enrolling your child in St. Andrew Preschool. We look forward to 2024-2025 and counting you and your child as part of our St. Andrew family.

Please feel free to contact us should you have any additional questions about our program at standrewdirector@gmail.com or 757-714-2211.

Blessings,

Amanda Greco

Preschool Director

St. Andrew Preschool Enrollment Request **2024-2025**

Date: _____

Child's Full Name: _____

Boy Girl (Circle) Birthday: _____ Age: _____

Preferred Option	Age Grouping	Days/Time per week
	2 ½ - young 3's	2-day Monday/Wednesday (9:30a-1:30p)
	2 ½ - young 3's	4-day Monday-Thursday (9:30a-1:30p)
	3 yr old	3-day Tuesday-Thursday (9:30a-1:30p)
	3 yr old	4-day Monday-Thursday (9:30a-1:30p)
	PreK-4 yr old	4-day Monday-Thursday (9:30a-1:30p)

Parent's Name _____

Street Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Enrollment Process

- Submit this Enrollment Request form. (current and new students)
- Attach your **non-refundable** Application Fee of \$50, at the time of Enrollment Request. (new students only)
- Provide a copy of your child's Birth Certificate. (new students only)
- Submit a Student Information Sheet and all Enrollment forms
- Pay **non-refundable** \$150 Annual Fee
- A completed Health Information Form, current Immunization Record, current Physical Examination Report, Allergy and Asthma Action Plan (if applicable) and Custody Orders (if applicable) (new students only)

I understand the enrollment procedure and registration procedures.
All fees are nonrefundable.
All paperwork and fees are due before 1st day of school.
I understand that in the event these are not turned in by the 1st day, my child's placement is not guaranteed.

Parent's Signature
