



2021-2022 REGISTRATION

3501 West Market Street
Greensboro, N.C. 27403

Website: www.starmountpres.org/preschool

Email: preschool@starmountpres.org

Phone: 336.299.3564

Preschool: Hours: 9-1 daily

For Office Use Only

Class _____ Date _____

Ck. # _____ Reg. Fee _____

Adv. Tuition _____ Balance _____

___ Starmount Presbyterian Church Member ___ Currently Enrolled ___ Siblings ___ Newly Enrolled

Please indicate your 1st and 2nd choice:

1 Day Toddler (\$110/month) ___ **2 Day Toddler** (\$190/month) ___ **3 Day Toddler** (\$260/month) ___

4 Day Toddler (\$325/month) ___ **5 Day Toddler** (\$385/month) ___

Day(s) Preference: ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

2-year T/TH (\$190/month) ___

3-year T/TH (\$190/month) ___

2-year MWF (\$260/month) ___

3-year M/W/F (\$260/month) ___

2-year M-F (\$450/month) ___

3-year M-F (\$450/month) ___

Receive a \$50.00 discount when you register for 5 days. (2's & 3's class only)

4/5-year Pre-K, M-TH (\$310/month) ___

4/5-year Pre-K, M-F (\$350/month) ___

CHILD'S NAME _____

MALE ___ FEMALE ___

CHILD PREFERS TO BE CALLED _____

BIRTHDATE _____ **AGE** _____

HOME ADDRESS _____ ZIP CODE _____

HOME PHONE _____ CHURCH HOME? (YES OR NO) IF YES, WHERE: _____

HOW DID YOU FIRST HEAR OF STARMOUNT PRESCHOOL? _____

NAME OF LAST SCHOOL ATTENDED _____

MOTHER'S NAME _____ EMAIL ADDRESS _____

MOBILE NUMBER _____ WORK PHONE _____

FATHER'S NAME _____ EMAIL ADDRESS _____

MOBILE NUMBER _____ WORK PHONE _____

PARENT/GUARDIAN NAME _____ EMAIL ADDRESS _____

MOBILE NUMBER _____

SPECIAL MEDICAL INFORMATION _____

PARENT SIGNATURE _____ **DATE** _____

❖ The cut-off birthdate is August 31 of the current year. Please register your child for the appropriate class based on your child's age as of August 31, 2021.

❖ If you have questions, please feel free to contact the Preschool office.

****ALL MONIES COLLECTED ARE NONREFUNDABLE****



Starmount Preschool

Registration and Program Information 2021-2022

- ❖ Registration fees:
 - \$ 75.00 for first child; \$50.00 for siblings
 - ❖ Tuition:
 - Please fill out all parts of the registration form and return it with your Registration Fee plus one month's tuition. ***Your child's registration will not be considered complete without the above fees paid.***
- Payment Plan:
- If you would like to pay Registration Fee plus ½ of Tuition with form and the balance by July 1. (Please note: That your child's spot will not be held after July1 unless we have received payment in full.
- ❖ ***All monies collected are nonrefundable.***
 - ❖ ***Completed registrations will be processed on a first-come, first-serve basis.***

About Starmount Preschool...

- ❖ Starmount Preschool is a ministry and mission of Starmount Presbyterian Church.
- ❖ Admits students of any race, color and national or ethnic origin and reserves the right to balance classes by gender.
- ❖ Special-needs children will be considered for enrollment on case-by-case basis.
- ❖ Starmount Preschool has been serving the Greensboro community for over 55 years.
- ❖ All classes meet from 9:00am – 1:00pm.
- ❖ Starmount Preschool accepts children from 6 months – 5 years.
- ❖ All 2's, 3's, 4's and Pre-K's are taught by qualified teacher and one assistant teacher.
- ❖ **The Starmount Preschool school year will run from August – May (exact dates TBA)**
- ❖ Policy and procedures will be posted in the parent handbook.
- ❖ COVID-19 - Protocols and guidelines are in the handbook.
- ❖ We follow CDC and NCDHHS guidelines reopening and staying open.

****Starmount Preschool reserves the right to cancel/adjust classes based on enrollment****

Photo Release Form

As the parent of a child(ran) at Starmount Preschool, I agree to the following:

- I understand that my children whose names are listed below may be photographed at school during normal school hours, field trips or activities.
- I understand that these photographs may be used in school newsletters or posted on the website or in other publications.
- I give permission for my child(ren)'s photographs to be posted on the website, Facebook, newsletters, or any other publication. (Only first names will be used, if added at all.
- I understand that I have the right to request, in writing to have a photo removed from the website or face book within 10 working days.

The following are the names of my child(ren):

() Yes, I confirm, that I have read and understood the above, and agree to have my child(ren)'s photo's posted.

() No, I do not wish to have my child(ren)'s photographs published.

Name (please print) _____

Signature: _____

Date: _____

Revised 7/21