

**St. Andrews Academy**  
**121 Lofton Dr.**  
**Fayetteville, NC 28311**  
**(910) 488-5961**

[academy@standrewsfayetteville.org](mailto:academy@standrewsfayetteville.org)

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Welcome to St. Andrews Academy for the 2024-2025 school year! We are delighted to offer this ministry to your family and look forward to an exciting year.

**School year:** September - May

**Registration Fee:** \$100.00 This non-refundable fee is due at registration.

**Resource Fee:** One-time payment equal to one month's tuition (Ex. If your child's tuition is \$235.00/month, your one-time Resource Fee is \$235.00). This fee covers all classroom materials for the year. This fee is due on August 1, 2024. It must be paid in full before school starts to guarantee your child's slot.

**Tote:** All of our students are required to carry the same tote bucket to and from school. The cost of the tote is \$5.00 and is covered by the Resource Fee. Returning students who opt to continue using their tote from the previous year instead of obtaining a new one will receive a \$5.00 credit applied to their account.

**CASH OR CHECK ONLY**

AGE	DAYS	CLASS SIZE	MONTHLY TUITION
1	Friday	8	\$100.00
2	Mon/Wed	8-10	\$175.00
2	Tues/Thurs	8-10	\$175.00
3	Tues/Wed/Thurs	8-10	\$235.00
3	Mon-Thurs	8-14	\$280.00
4	Mon-Thurs	8-14	\$280.00
4	Mon-Fri	12-14	\$325.00

- St. Andrews Academy reserves the right to change class day availability if there is not enough interest in a given class.
- 3 and 4-year-old classes are from 9:00 - 12:00. 1 and 2-year-old classes are 9:00 - 11:50.
- **Lunch Bunch:** This is an optional program for 3 and 4-year-old students only. It is offered three times a week and contingent on participation. It allows your child to stay one extra hour on designated days to have lunch (provided by you) with their friends. Lunch Bunch tickets can be purchased in the office throughout the school year. All unused coupons expire at the end of the school year.
- The office is closed during the months of June and July. The office will reopen in August on Mon/Tues/Wed/Thurs from 8:30 - 12:30. If you need to update information or speak with someone from the school before August, please leave us a voicemail or send an email. Both will be monitored throughout the summer months.

# St. Andrews Academy Registration Form 2024-2025



**All 3 and 4-year olds must be fully potty trained. They must be able to use the restroom independently and communicate their restroom needs effectively.**

Child's Name: _____ Name Child Goes by: _____ Child's Date of Birth: _____ Age of Child as of Aug 31, 2024 _____	<i>Please specify class preference</i>  1 <sup>st</sup> choice: _____ 2 <sup>nd</sup> choice: _____ 3 <sup>rd</sup> choice: _____
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Has your child attended any preschools/daycares in the past? \_\_\_\_\_ If so, where? \_\_\_\_\_  
 \_\_\_\_\_

<i>Parent/Guardian</i>	<i>Parent/Guardian</i>
Name: _____	Name: _____
Address: _____	Address: _____
Home Phone: _____	Home Phone: _____
Mobile Phone: _____	Mobile Phone: _____
Email: _____	Email: _____
Employer: _____	Employer: _____
Occupation: _____	Occupation: _____
Employer Phone: _____	Employer Phone: _____

*Emergency Contact Information*

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
  
 Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
  
 Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
  
 Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**St. Andrews Academy**  
**Registration Form**  
**2024-2025**

With whom does child live? \_\_\_\_\_  
\_\_\_\_\_

Is either parent/guardian away for extended periods of time? \_\_\_\_\_ If so, whom? \_\_\_\_\_

Who has charge of child? \_\_\_\_\_

Names and ages of siblings living with child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies, Medications and/or other medical concerns: \_\_\_\_\_  
\_\_\_\_\_

Has your child been diagnosed with any medical or developmental conditions or delays? \_\_\_\_\_

If so, please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

# Authorized Friends and Family PICK UP LIST

Please note that if a person is listed as an EMERGENCY CONTACT but *is not* listed on the PICK-UP LIST, we will not release your child to them.

Child's name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

<i>First &amp; Last Name</i>	<i>Relationship</i>	<i>Phone No.</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Th person(s) listed on this form are authorized to pick up my child, \_\_\_\_\_  
from St. Andrews Academy.

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Date

# Photo Release Form for Minors

St. Andrews Academy Preschool  
121 Lofton Dr.  
Fayetteville, NC 28311  
(910) 488-5961

I, the undersigned, do hereby grant or deny permission to St. Andrews Academy to use the image of my child, \_\_\_\_\_, as marked by my selections below.

\_\_\_\_\_ **I GRANT** permission to use my child's image in the following ways:

\_\_\_\_\_ **Full Release:** My child's image (still photo or video) may be used for all the categories below, as well as being used for the other purposes such as training, parent education, or marketing materials designed by St. Andrews Academy staff members or their representatives (this could include brochures and local media). I expect to receive no fee, neither at this time nor at any time in the future, whether or not photos of my child are used for these purposes.

\_\_\_\_\_ **For St. Andrews Academy ONLY:** My child's image (still photo or video) may be displayed within the school building (this could include portfolio books, classroom signage, and student projects), but is not to be distributed electronically.

\_\_\_\_\_ **St. Andrews Academy Community:** My child's image (still photo or video) may be displayed within the school building, and distributed electronically to members of the St. Andrews Academy community (this could include all families within a child's classroom and all members of the St. Andrews Academy e-mail distribution list.) An example of this usage could be the monthly newsletter, or images uploaded to a password protected social site like Class Dojo.

\_\_\_\_\_ **Social Media & Website:** My child's image (still photo or video) may be used on St. Andrews Academy's public social media pages (like Facebook or Instagram), or St. Andrews Academy's public website ([www.standrewsacademync.com](http://www.standrewsacademync.com)) with personal identifying information limited to first names. An example of this usage could be a group photo for graduation announcements, sharing a video of a school program, or highlighting individual classes. I understand that social media and the website provides other prospective families a glimpse into the St. Andrews Academy program and curriculum, and I give my consent for my child's likeness to be used.

\_\_\_\_\_ I understand that by my above acceptance of these terms that still or video images of my child may be used without further notifying me. Furthermore, I understand that I have the right to request, in writing, to have any images of my child removed from any St. Andrews Academy publication within 30 workdays. Photos taken in accordance with this release become and remain the property of St. Andrews Academy.

\_\_\_\_\_ **I DENY** permission to use my child's image in any way (i.e. no photo or video images of my child shall be recorded by any St. Andrews Academy staff member, nor shall any image of my child [other than those I may choose to provide] be posted on the premises of St. Andrews Academy, used in any St. Andrews Academy publication, or be included in any other materials generated by, or featuring St. Andrews Academy).

Please Sign and return this to the preschool office. This form will be kept on file in the student's permanent record in the preschool office. Parents may update or make changes to this form at any time.

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# All About Your Child

What does your child play when indoors?

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What does your child play when outdoors?

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Is your child potty trained?

What does your child say when needing to use the bathroom? *(please be specific)*

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Please provide any pertinent information about your child that will contribute to enhancing their preschool experience.

Play habits: \_\_\_\_\_

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Likes and dislikes: \_\_\_\_\_

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Any fears: \_\_\_\_\_

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Child's activity level

Low \_\_\_ Medium \_\_\_ High \_\_\_

What approach to behavior management is used in your home?

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# Children's Medical Report

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Parent(s) / Guardian(s) \_\_\_\_\_

Address of Parent(s) / Guardian(s) \_\_\_\_\_

## A. MEDICAL HISTORY (May be completed by parent)

1. Is child allergic to anything? No \_\_\_ Yes \_\_\_ If yes, what? \_\_\_\_\_

2. Is child currently under a doctor's care? No \_\_\_ Yes \_\_\_ If yes, for what reason? \_\_\_\_\_

3. Is child on any continuous medication? No \_\_\_ Yes \_\_\_ If yes, what? \_\_\_\_\_

4. Any previous hospitalizations or operations? No \_\_\_ Yes \_\_\_ If yes, when and for what? \_\_\_\_\_

5. Any history of significant previous diseases or recurrent illness? No \_\_\_ Yes \_\_\_

Diabetes? No \_\_\_ Yes \_\_\_ Convulsions? No \_\_\_ Yes \_\_\_ Heart trouble? No \_\_\_ Yes \_\_\_

If others, what/when? \_\_\_\_\_

6. Has child had chicken pox? No \_\_\_ Yes \_\_\_

7. Does child have any physical disabilities? No \_\_\_ Yes \_\_\_ If yes, please describe \_\_\_\_\_

Any mental disabilities? No \_\_\_ Yes \_\_\_ If yes, please describe \_\_\_\_\_

**Signature of parent or guardian** \_\_\_\_\_

## B. PHYSICAL EXAMINATION

This examination must be completed and signed by a licensed physician, his/her authorized agent currently approved by the N.C. Board of Medical Examiners (or a comparable board from bordering states), a certified nurse practitioner, or a public health nurse meeting DEHNR standards for EPSDT program.

Height \_\_\_\_\_ Weight \_\_\_\_\_

Head \_\_\_\_\_ Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Nose \_\_\_\_\_ Teeth \_\_\_\_\_

Throat \_\_\_\_\_ Neck \_\_\_\_\_ Heart \_\_\_\_\_ Chest \_\_\_\_\_ Abd/GU \_\_\_\_\_

Ext \_\_\_\_\_ Neurological System \_\_\_\_\_

Results of Tuberculin Test if given:

Type \_\_\_\_\_ Date \_\_\_\_\_ Normal \_\_\_ Abnormal \_\_\_

Should activities be limited? No \_\_\_ Yes \_\_\_ If yes, explain \_\_\_\_\_

Any other recommendations: \_\_\_\_\_

**Signature of authorized examiner/title** \_\_\_\_\_

Date of Examination \_\_\_\_\_ Phone \_\_\_\_\_

# Children's Medical Report

## C. IMMUNIZATIONS HISTORY: Fill in below or attach copy of the immunization record.

G.S. 130A-155(b) requires all day care facilities to have this information on file.

**Enter date of each dose – Month/Day/Year**

### VACCINE

\*DTP/DT (circle which) #1. \_\_\_\_\_ #2. \_\_\_\_\_ #3. \_\_\_\_\_ #4. \_\_\_\_\_ #5. \_\_\_\_\_

\* Polio #1. \_\_\_\_\_ #2. \_\_\_\_\_ #3. \_\_\_\_\_ #4. \_\_\_\_\_

\*\* Hib #1. \_\_\_\_\_ #2. \_\_\_\_\_ #3. \_\_\_\_\_ #4. \_\_\_\_\_

\* MMR (combined doses) #1. \_\_\_\_\_ #2. \_\_\_\_\_

Measles (single dose) \_\_\_\_\_

Mumps (single dose) \_\_\_\_\_

Rubella (single dose) \_\_\_\_\_

OTHER \_\_\_\_\_

\* Required by State law.

\*\*Required by State law for children born on or after 10/01/91