

**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 2025/2026 school year! We are delighted to offer this ministry to your family and look forward to an exciting year.

**School year:** September - May

**All 3 and 4 year old students must be potty trained and bathroom independent.**

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

**Supply Fee: \$200** This non-refundable payment covers all classroom materials for the year. This fee is due on **August 1, 2025**. It must be paid in full before school starts to guarantee your child's slot.

**\*\* Returning Students are not required to complete the medical paperwork unless there have been changes from the previous school year. \*\***

\*\*\*\*\***CASH OR CHECK ONLY**\*\*\*\*\*

AGE	DAYS	CLASS SIZE	MONTHLY TUITION
1	Friday	8	\$100.00
2	Mon/Wed	8	\$200.00
2	Tues/Thurs	8	\$200.00
3	Tues/Wed/Thurs	8-10	\$260.00
3	Mon-Thurs	12-14	\$300.00
4	Mon-Thurs	8-14	\$300.00
4	Mon-Fri	12-14	\$350.00

- **St. Andrews Academy reserves the right to change class day availability if there is not enough interest in a given class.**
- **All classes are from 9:00 am -12:00 pm. 1 and 2-year-old parents to pick their children up at 11:50 am.**

**Lunch Bunch:** This is an optional program for three and four-year-old students only. It is offered 3 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 his/her friends. The cost is \$7.00/day. All unused coupons expire at the end of the school year.

- **During the summer the school is closed. If you need to update information or speak with someone from the school, please call or email the academy to set up an appointment.**

Child's Name: \_\_\_\_\_

Name Child Goes by: \_\_\_\_\_

Child's Birthday: \_\_\_\_\_

**Child must be of class age by August 31<sup>st</sup>.**

Class Desired

1<sup>st</sup> choice: \_\_\_\_\_

2<sup>nd</sup> choice: \_\_\_\_\_

***All 3 & 4 year old students must be potty trained and bathroom independent.***

1) Parent/Guardian \_\_\_\_\_ 2) Parent/Guardian \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

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

Siblings: Name/Age \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

**If your child has allergies or medical conditions that require medications to be administered at school, your child's physician will need to complete the Emergency Care Plan paperwork. Please reach out to the academy office for a copy of this paperwork.**

Has your child been diagnosed with any medical or medical or developmental conditions or delays and/or is your child currently receiving any services? \_\_\_\_\_

If so, please list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Hospital preference: \_\_\_\_\_

Does your child regularly attend church? \_\_\_\_\_  
If so, where \_\_\_\_\_  
Can we share your church affiliation with St. Andrews UMC? \_\_\_\_\_  
Has your child attended any preschools/daycares in the past? \_\_\_\_\_  
If so, where? \_\_\_\_\_

**Authorized Friends and Family  
PICK UP LIST**

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

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

Name	Phone No.
_____	_____
_____	_____
_____	_____
_____	_____

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

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

\_\_\_\_\_  
Date

# All About Your Child

What does child play when indoors?

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What does child play when outdoors?

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Is your child potty trained?

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

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St. Andrews Academy does our best to accommodate children at different stages of development. Children with special needs will be accepted on a case by case basis if it is determined that they will benefit from our program and that our staff will be able to meet their needs in addition to the needs of the other children in the class. If your child has any special needs, whether diagnosed or undiagnosed, please reach out the academy so that we may discuss all options for placement and to insure SAA will be able to meet all the required needs.

Child's activity level:  
Low \_\_\_ Medium \_\_\_ High \_\_\_

What method of behavior control is used in your home?

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Please give the following information about your child:  
Play habits: \_\_\_\_\_

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

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### **Release of Liability**

In consideration of the risk of contracting a communicable or infectious disease or coming into contact with someone infected with a communicable or infectious disease while on the campus of **St. Andrews Academy and/or St. Andrews United Methodist Church**, and as consideration for the choice that was made to do so as an option and not mandated by St. Andrews Academy and/or St. Andrews United Methodist Church, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability, and hereby waive any and all rights, claims, or causes of action of any kind whatsoever arising out of my or my child's attendance to and for any and all activities or appearing on the campus of St. Andrews Academy and/or St. Andrews United Methodist Church, do hereby release and forever discharge St. Andrews Academy and/or St. Andrews United Methodist Church located at 121 Lofton Drive, Fayetteville, North Carolina 28311, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury or, including by not limited to illness, paralysis, death, damages, economical and/or emotional loss, that I may suffer as a direct result of my or my child's attendance to and for any activities or appearing on the campus of St. Andrews Academy and/or St. Andrews United Methodist Church, in the activities mentioned below, **including arriving and leaving the school campus.**

I am voluntarily allowing my child to attend school and I am also allowing my child to participate in all activities on and off campus entirely at our/his/her own risk. I am aware of the risks associated with my child attending and my family being on the school campus as well as participating in any and/or all activities, which may include, but is not limited to: physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or others' negligence, conditions related to carrying out daily school activities, or the conditions of the activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, or my children's participation in any or all activities, including travel to, from and during the activities.

I agree to indemnify and hold harmless St. Andrews Academy and/or St. Andrews United Methodist Church against any and all claims, suits, or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. Should St. Andrews Academy and/or St. Andrews United Methodist Church incur any of these types of expenses, I agree to reimburse St. Andrews Academy and/or St. Andrews United Methodist Church.

***I acknowledge that I have carefully read the "waiver and release" and fully understand that it is a release of liability.*** I expressly agree to release and discharge St. Andrews Academy and/or St. Andrews United Methodist Church and all its affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors, and assigns, from any and all claims or causes of actions and I agree to voluntarily give up or waive any right that I otherwise have to bring a legal action against St. Andrews Academy and/or St. Andrews United Methodist Church.

In the event that I/my child should require medical care or treatment, I, the parent or guardian, agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

In the event of an emergency in which parent/guardian(s) cannot be located, contact the following person(s) in the order presented:

**Emergency Contact**

**Relationship**

**Telephone**

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, the undersigned, **the participant's parent or legal guardian**, affirm that I am of age of 18 years or older, and that I am freely signing this agreement. I certify that I have read this agreement, that I fully understand its content and that this release cannot be modified orally. I am aware that this is a release of liability and a contract and that I am signing it of my own free will.

**Participant's (Student) Name:** \_\_\_\_\_

\_\_\_\_\_  
**Signature (Participant or Parent/Legal Guardian if under age of 18)**

\_\_\_\_\_  
Address, City, State, Zip

\_\_\_\_\_  
Parent Email

\_\_\_\_\_  
Parent Phone

\_\_\_\_\_  
**Signature (Participant or Parent/Legal Guardian if under age of 18)**

\_\_\_\_\_  
Address, City, State, Zip

\_\_\_\_\_  
Parent Email

\_\_\_\_\_  
Parent Phone

## Children's Medical Report

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

Name of Parent or Guardian \_\_\_\_\_

Address of Parent or Guardian \_\_\_\_\_

### 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 \_\_\_\_\_

*(Continued on back)*

**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.