

Registration Fee: \$_____ Check #_____ Supply Fee: \$_____ Check# _____

Preschool Registration 2026-2027

Topsail Presbyterian Preschool

16249 US Hwy 17

Hampstead, NC 28443

910-270-2315

topsailpresbyterianpreschool@gmail.com



TOPSAIL PRESBYTERIAN PRESCHOOL

Hampstead, NC

Child's Name: _____ Date of Birth: _____

Nickname: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone #: _____ Cell (alternate) phone #: _____

Mother's Name: _____ Work phone #: _____

Mother's Email: _____

Father's Name: _____ Work phone #: _____

Father's Email: _____

Emergency Contact Name and phone #: _____

Secondary Emergency Contact: _____

Child's Medical Needs/Allergies: _____

Child's Pediatrician Name, Address, & Phone #: _____

Child's Dentist Name, Address, & Phone #: _____

Hospital Preference: _____

Please list all persons who we may release your child to:

_____	_____
_____	_____
_____	_____

***Class Options (placement is based on your child's age on August 31, 2026)**

4-day program = Monday – Thursday 9-12:30- \$340/month

5-day program = Monday – Friday 9-12:30- \$425/month

<u>Two-Year-Old</u>	_____ 4 day program	
<u>Three-Year-Old</u>	_____ 4 day program	_____ 5 day program
<u>Pre-K</u>	_____ 4 day program	_____ 5 day program
<u>TK</u>	_____ 4 day program	_____ 5 day program

Is your child toilet trained: Yes _____ No _____
(Must be potty trained to join the 3yr old & Pre-K/TK programs)

Please describe your child's personality (Likes/dislikes, favorite foods, fears, favorite books, etc.):

A registration fee of \$125.00 and a supply fee of \$125 (a total of \$250.00) is required with this form. These fees are non-refundable. Tuition is due the first of each month. Child must have an up to date physical & immunization record on file. No exceptions.

By signing below, I agree that this information is complete and fully honest. I am also releasing Topsail Presbyterian Preschool from all liability if said child is released to anyone named in the list on this sheet.

Child's Name: _____

Parent's Name Printed: _____

Parent's Signature: _____

**5-day program offered based on enrollment. If minimum enrollment is not met, all interested families will be given the option to enroll in the 4-day program or have their registration and supply fee refunded. All 4-day students are limited to Monday- Thursday attendance, swapping days and/or adding days, will not be permitted.*