



**Preschool of the Warm Heart
2023-2024**

Our mission statement: Providing a nurturing program in a Christian environment, our mission is to love each child and help each child grow in body, mind, and love of God.

Thank you for your interest in Preschool of the Warm Heart. All children are welcome. We honor differences of religious belief, gender, class, race, and national origin. We offer a loving, nurturing, safe and stimulating environment where children will engage and grow.

Please note that PWH will adhere to public health guidelines recommended by the CDC, NCDHHS and OCHD for the 2023-2024 school year. As these guidelines evolve, there may be changes to the proposed class schedule and calendar.

Class	Days	Times	Monthly Tuition	Snack Fee	Supply Fee
2s	Mon - Wed	8:45am-12:40pm	\$355	\$150	\$225
2s	Mon - Thurs	8:45am-12:40pm	\$425	\$175	\$250
3s/4s	Mon - Thurs	8:45am-12:40pm	\$460	\$175	\$250
3s/4s	Monday - Friday	8:45am-12:40pm	\$560	\$200	\$275

Financial aid is available through the Susan L. Allred Scholarship Fund. Please email Anna Williams to request an application.

The One-Time Snack Fee includes fresh fruit and healthy snacks each day.

Fee Due Dates

Snack Fee - Due February 15th

Supply Fee - Due March 15th

May 2024 Tuition Deposit - Due May 1st

***Snack & Supply Fees and May 2024 Tuition Deposit are non-refundable unless we are unable to offer the class.**

Preschool of the Warm Heart counts on active participation of families.

**Families are encouraged to share their special gifts and talents with the class.

**Families may serve on the Preschool Board of Directors.

**Families are asked to clean toys in their child's classroom once a year and participate in fundraising activities.

**Families that are able may be asked to serve in the classroom for a morning if needed when staff members are absent.

CONTACT INFORMATION

Anna Williams, Director

mccppwh@gmail.com

919-933-8565

www.preschoolofthewarmheart.com

Preschool of the Warm Heart

APPLICATION FORM 2023-2024

(Please print)

CHILD'S NAME: _____

CHILD'S DATE OF BIRTH: _____ MALE: _____ FEMALE: _____

PARENT/GUARDIAN'S NAME (S): _____

HOME ADDRESS: _____

CELL PHONE: _____ OTHER PHONE: _____

EMAIL ADDRESS: _____

WHAT LANGUAGE IS SPOKEN AT HOME? _____

HOW DID YOU HEAR ABOUT US? _____

PLEASE CHECK THE APPROPRIATE CLASS FOR YOUR CHILD.

(Your child must be the class age by August 31, 2023)

2s	_____	3 DAY PROGRAM	MONDAY - WEDNESDAY
2s	_____	4 DAY PROGRAM	MONDAY - THURSDAY
3s/4s	_____	4 DAY PROGRAM	MONDAY - THURSDAY
3s/4s	_____	5 DAY PROGRAM	MONDAY - FRIDAY

PLEASE MAIL OR RETURN THIS COMPLETED APPLICATION TO:

PRESCHOOL OF THE WARM HEART

ATTN: Anna Williams, Director

2016 MT CARMEL CHURCH ROAD

CHAPEL HILL, NC 27517

PLEASE ENCLOSE A \$40.00 APPLICATION FEE

(All application fees go towards the scholarship fund.)

Make checks payable to: Preschool of the Warm Heart or PWH

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