



Preschool of the Warm Heart 2024-2025

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 be engaged and grow.

Days	Times	Monthly Tuition	Supply Fee
2 days	8:45am-12:40pm	\$260	\$200
3 days	8:45am-12:40pm	\$360	\$225
4 days	8:45am-12:40pm	\$460	\$250
5 days	8:45am-12:40pm	\$560	\$275

** If we do not have enough students enroll in a class, the class could be combined with another class. Families will be notified as soon as possible if this happens.

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

Fee Due Dates

Supply Fee - Due March 15th

May 2024 Tuition Deposit - Due May 1st

Supply Fees and the May 2025 Tuition Deposit are non-refundable unless we are unable to offer the class due to lack of enrollment.

Preschool of the Warm Heart counts on the 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 may be asked to serve in the classroom as a substitute and will be asked to participate in fundraisers.

CONTACT INFORMATION

Katie Donoway, Director

mccppwh@gmail.com

919-636-6471

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 INDICATE YOUR 1ST & 2ND CHOICE ENROLLMENT OPTION FOR THE 24-25 SCHOOL YEAR. PW

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

1s	_____	2 DAY PROGRAM
1s	_____	3 DAY PROGRAM
2s	_____	4 DAY PROGRAM
2s	_____	5 DAY PROGRAM
3s	_____	4 DAY PROGRAM
3s	_____	5 DAY PROGRAM
4s	_____	5 DAY PROGRAM

PLEASE MAIL OR RETURN THIS COMPLETED APPLICATION TO:

PRESCHOOL OF THE WARM HEART
ATTN: Katie Donoway, 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

CONTACT INFORMATION

Katie Donoway, Director
mccppwh@gmail.com
www.preschoolofthewarmheart.com