



**Preschool of the Warm Heart
2025-2026**

APPLICATION FOR 2, 3 AND 4 YEAR OLDS

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
3 days	8:45am-12:40pm	\$378	\$225
4 days	8:45am-12:40pm	\$483	\$250
5 days	8:45am-12:40pm	\$588	\$275

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 15, 2025

May 2026 Tuition Deposit - Due May 1, 2025

Supply Fees and the May 2026 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 Advisory Team.

**Families may be asked to serve in the classroom as a substitute and will be asked to participate in fundraisers.

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 Mt. Carmel Baptist Church or MCBC

Preschool of the Warm Heart
APPLICATION FORM 2025-2026
(Please print)

Child's Full Name: _____

Child's Date of Birth: _____ Male: _____ Female: _____

Parents/Guardians Name(s): _____

Home Address: _____

Cell Phone: _____ Other Phone: _____

Email Address: _____

What language is spoken at home? _____

How did you hear about us? _____

Has your child had any previous preschool or childcare experiences? If so, where and when?

Does your child have any medical issues or other concerns that would affect his or her preschool participation? Please describe. _____

****Please indicate your 1st & 2nd choice enrollment option for the 25-26 school year.****

We will do our best to accommodate your first choice, but you may receive your 2nd choice.

_____	3 DAY PROGRAM
_____	4 DAY PROGRAM
_____	5 DAY PROGRAM

Your application will be reviewed and you will be notified by February 28, 2025, of your child's class placement.
PWH will continue to enroll students until all spots are filled.

Priority will be given to returning students, members of MCBC, and siblings of current PWH students until January 17, 2025. After that, places will be assigned on a first-come, first-serve basis.

Following acceptance, additional paperwork will be needed to complete the enrollment process.

CONTACT INFORMATION

Katie Donoway, Director

mccppwh@gmail.com

919-636-6471

www.preschoolofthewarmheart.com