



2021-2022 APPLICATION INFORMATION

1. Please provide the following to apply:

Application and Tuition Agreement

Non-refundable check for registration fee:

2-day class \$155

3-day class \$175

4-day class \$195

Please make check payable to: St. John Christian Preschool.

Check will be returned after February 1 if you are put on a waiting list.

2. **Application materials may be submitted at any time.**

- **Current preschool families** will be added to class lists for Sept. 2021 starting on January 3, 2021, in the order in which forms are received.
- **Alumni preschool families** will be added to the class lists for Sept. 2021 starting on January 17, 2021, in the order in which forms are received.
- **New families** will be added to class lists on February 1 in the order in which forms are received.

Parents will be notified about placement on a class list or waiting list. Fees for anyone on the waiting list will be returned after February 1.

Waiting lists will be used to fill vacancies if any occur. Registration will continue for classes that have openings.

3. Tuition information for the 2021-2022 preschool year is:

4/5 Year Olds

M/T/W/TH Program (PM)	\$273/mo.	8:1 teacher/child ratio, maximum 16 students
Must be 5 by 12/31/21		5's Curriculum

M/T/W/TH Program (AM)	\$273/mo.	8:1 teacher/child ratio, maximum 16 students
Must be 4 by 9/30/21		

M/T/W Program (AM)	\$208/mo.	8:1 teacher/child ratio, maximum 16 students
Must be 4 by 9/30/21		

M/T/W Program (PM)	\$208/mo.	8:1 teacher/child ratio, maximum 16 students
Must be 4 by 12/31/21		

3/4 Year Olds

M/W Program (AM) or T/TH Program (AM)	\$170/mo.	7:1 teacher/child ratio, maximum 14 students
Must be 3 by 9/30/21		

The 2021-2022 Parent Handbook will be available on our website, stjohndublin.org, in June.

Please direct questions concerning forms, procedures, or the preschool to Bonnie Stottlemeyer at 614-889-5893 or preschool@stjohndublin.org. We look forward to serving you!

St. John Christian Preschool 6135 Rings Rd., Dublin, OH 43016 614-889-5893

2021-2022
APPLICATION/REGISTRATION FORM
ST. JOHN CHRISTIAN PRESCHOOL

Child's name: _____
Last Name First Name

Name for class list, charts, etc. _____

Birthdate: _____ Boy _____ Girl _____

Child's primary language: _____

Parent/Guardian: _____
Last Name First Name

Relationship to child: _____

Cell phone number: _____

Parent/Guardian: _____
Last Name First Name

Relationship to child: _____

Cell phone number: _____

Address: _____
Street City Zip

Children are required to be immunized according to the state requirements unless exempted by a physician.
Is your child up-to-date with state required immunizations: Yes _____ No _____

Best email address for preschool communication: _____

Names and birth dates of other children in the household:

1. _____ DOB _____ 3. _____ DOB _____

2. _____ DOB _____ 4. _____ DOB _____

Family church home: _____

Allergies or other medical concerns: _____

Dietary restrictions, including those for medical, religious, or cultural reasons:

CLASS PREFERENCE

Please mark a first and second choice of classes.

- _____ Mon./Tues./Wed./Thurs. 12:30-3:00 5 by December 31, 2021 \$273/month

- _____ Mon./Tues./Wed./Thurs. 9:00-11:30 4 by September 30, 2021 \$273/month

- _____ Mon./Tues./Wed. 9:00-11:30 4 by September 30, 2021 \$208/month

- _____ Mon./Tues./Wed. 12:30-3:00 4 by December 31, 2021 \$208/month

- _____ Mon./Wed. 9:00-11:30 3 by September 30, 2021 \$170/month

- _____ Tues./Thurs. 9:00-11:30 3 by September 30, 2021 \$170/month

Comments: _____

Signature of parent, custodian, or guardian

Date

Please share with us how you first learned about St. John Christian Preschool. Thanks!

_____ Web search _____ Phone Directory _____ Community Events _____ Facebook

_____ Referral by _____

_____ Other (Please specify) _____

Date form received _____

ST. JOHN CHRISTIAN PRESCHOOL TUITION AGREEMENT SCHOOL YEAR 2021-2022

For the enrollment of _____
(Last Name) (First Name)

1. I understand that the registration fee paid with the registration form is non-refundable unless my child is put on a waiting list.
2. I agree that I am responsible my child’s tuition as listed below.

4/5 Year Olds

M/T/W/TH Program	\$2457/year or \$273/mo. X 9
M/T/W Program	\$1872/year or \$208/mo. X 9

3/4 Year Olds

M/W Program	\$1530/year or \$170/mo. X 9
T/TH Program	\$1530/year or \$170/mo. X 9

Tuition is reduced by \$10/month for church members and 2nd child in family registered for the same school year.

3. **I understand that for ease of payment and collection,** the total tuition for the year is divided into 9 equal payments.
4. **I understand that full tuition for each month is required regardless of vacations, illness, or emergency school closings.**
 If my child leaves for an extended trip, I understand I am required to pay tuition during my child’s absence.
5. I agree to pay **monthly payments from August through April.**
Monthly tuition will be processed on the first Monday of each month.
6. All tuition payments from September through April will be made through the Tuition Express Program. A form will be sent to me to provide the necessary information for this payment program after my child is registered. I will return the form by July 1 with the other required forms.
7. If an auto-payment is declined by our bank, we will inform the school immediately with new account information or discuss options with the school.

Parent Signature _____ Date _____

Registration/supply Fee _____ Check # _____ Received By _____ Date _____