

## St. John's Episcopal Preschool Preschool Application | 2024-2025

Office Use Only				
<u>Date</u>	<u>Amount</u>	TE/CHECK		

CHILD'S NAME				
	First	Middle		Last
Preferred Name		Gender F M	Date of Birth	
Home Address	Street	City	State	Zip
Preferred Phone (				r
PARENT 1 NAME	First	Middle	La	st
Email Address		Cell P	hone <b>()</b>	
PARENT 2 NAME				
	First	Middle	La	st
Email Address		Cell P	hone <b>()</b>	

## **REGISTRATION FEE:**

- \$150 for General Public (New Families) Please make checks payable to St. John's Preschool
- \$100 for Currently Enrolled, STJ Church Pledging Member, and Former STJ Family. (Currently enrolled students will have this fee drafted from Tuition Express)

Registration Fee will be refunded only if child is not offered a place in the program. STJ Preschool does not discriminate with regard to race, creed, color or religion.

\*ENROLLMENT PREFERENCE Please indicate your FIRST (1) and SECOND (2) choices below. (Child must turn the age of the respective age group by August 31, 2023.)

TODDLERS(12 months by 8/31)		<u>TWOS</u>		THREES	
2 Day • T/TH	\$330	2 Day • T/TH	\$330	3 Day • MWF	\$381
3 Day • MWF	\$390	3 Day • MWF	\$390	4 Day ■ T-F	\$413
5 Day • M-F	\$492	5 Day • M-F	\$492	5 Day • M-F	\$453
<u>FOURS</u>		TK (5 years of	ld by January 15 or by To	eacher Recommei	ndation)
4 Day • T-F	\$413	5 Day • M-F	\$489		
5 Day • M-F	\$453				

Does your child have any: Chronic medical co	onditions (asthma, allergies, diabetes, etc.)?	
Speech, motor skill delays/challenges, specia	al education needs?	
Social/emotional concerns (separation anxie	ry, fears, etc.)?	
Has your child been in preschool or daycare	before (please circle)?	
NO	YES PRESCHOOL or DAYCARE	
Parent Signature	Date	
Parent Signature	Date	

## \*Tuition is NON-REFUNDABLE.

Tuition fees are paid in nine monthly payments. Tuition will be deducted from your account using TUITION EXPRESS on the 1st of each month beginning May 1, 2024. We require a 30 day notice of withdrawal to be exempt for the next tuition payment.