



2024-2025 APPLICATION INFORMATION

1. Please provide the following to apply:

- Application**
- Tuition Agreement**
- Tuition Express Automated Payment Form**

Non-refundable registration fee:

2-day class	\$160
3-day class	\$180
4-day class	\$200

Registration fee may be paid through Tuition Express or by check made payable to St. John Christian Preschool.

If you are put on a waiting list: Tuition Express will not be charged or your 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. 2024 starting on January 4, 2024, in the order in which forms are received.
- **Alumni preschool families** will be added to the class lists for Sept. 2024 starting on January 16, 2024, 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.

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

3. Tuition information for the 2024-2025 preschool year is:

4/5 Year Olds		
M/T/W/TH Program (PM) Must be 5 by 12/31/24	\$325/mo.	8:1 teacher/child ratio, maximum 16 students 5's Curriculum
M/T/W/TH Program (AM) Must be 4 by 9/30/24	\$325/mo.	8:1 teacher/child ratio, maximum 16 students
M/T/W Program (AM) Must be 4 by 9/30/24	\$239/mo.	8:1 teacher/child ratio, maximum 16 students
M/T/W Program (PM) Must be 4 by 12/31/24	\$239/mo.	8:1 teacher/child ratio, maximum 16 students
3/4 Year Olds		
M/W Program (AM) or T/TH Program (AM) Must be 3 by 9/30/24	\$195/mo.	7:1 teacher/child ratio, maximum 14 students

The Parent Handbook is available on our website, stjohndublin.org.

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

**2024-2025
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

Best email address for preschool communication: _____

Names and birth dates of other children in the household:

1. _____ DOB _____ 4. _____ DOB _____

2. _____ DOB _____ 5. _____ DOB _____

3. _____ DOB _____ 6. _____ 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, 2024	\$325/month
_____	Mon./Tues./Wed./Thurs.	9:00-11:30	4 by September 30, 2024	\$325/month
_____	Mon./Tues./Wed.	9:00-11:30	4 by September 30, 2024	\$239/month
_____	Mon./Tues./Wed.	12:30-3:00	4 by December 31, 2024	\$239/month
_____	Mon./Wed.	9:00-11:30	3 by September 30, 2024	\$195/month
_____	Tues./Thurs.	9:00-11:30	3 by September 30, 2024	\$195/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 2024-2025

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

1. I understand that the registration fee is non-refundable unless my child is put on a waiting list. Registration may be paid by check or Tuition Express.
2. I agree that I am responsible my child’s tuition as listed below.

4/5 Year Olds

M/T/W/TH Program	\$2925/year or \$325/mo. X 9
M/T/W Program	\$2151/year or \$239/mo. X 9

3/4 Year Olds

M/W Program	\$1755/year or \$195/mo. X 9
T/TH Program	\$1755/year or \$195/mo. X 9

Tuition is reduced by 10% for the 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. The Tuition Express form is due with the registration packet. My Tuition Express account will be set up when my child’s class placement is determined.
7. If an auto-payment is declined by our bank, I will inform the school immediately with new account information or discuss options with the school.

Parent Signature _____ Date _____

Registration/supply Fee _____

Check # _____ OR _____ Please use account information on our current Tuition Express account.

Received By _____ Date _____

Automated Payment Processing



Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

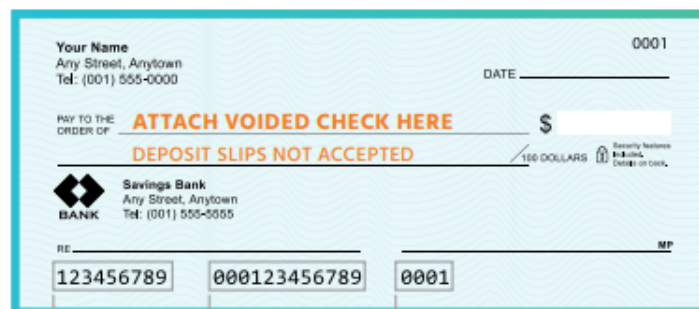
COMPLETE ONE SECTION ONLY

SECTION A (Credit Card) 2.7% Service Fee

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

SECTION B (Bank Account) No Additional Fee

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			



ROUTING NUMBER ACCOUNT NUMBER CHECK NUMBER

FOR OFFICIAL USE ONLY

Date Received

Employee Signature

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