



## 2025-2026 APPLICATION INFORMATION

1. Please provide the following to apply:

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

**Non-Refundable Registration Fee:** \$50 per family **if application turned in by January 31, 2025.**  
\$75 per family after February 1, 2025.

Registration fee is waived if family has a sibling enrolled in grades K-5.

**Supply Fee:** \$125 per child

Fees 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 3 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. 2025 starting on January 7, 2025, in the order in which forms are received.
- **Alumni preschool families** will be added to the class lists for Sept. 2025 starting on January 21, 2025, in the order in which forms are received.
- **New families** will be added to class lists on February 3 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 2025-2026 preschool year is:

<b>4/5 Year Olds</b>		
M/T/W/TH Program (PM) Must be 5 by 12/31/25	\$342/mo.	8:1 teacher/child ratio, maximum 16 students 5's Curriculum
M/T/W/TH Program (AM) Must be 4 by 9/30/25	\$342/mo.	8:1 teacher/child ratio, maximum 16 students
M/T/W Program (AM) Must be 4 by 9/30/25	\$252/mo.	8:1 teacher/child ratio, maximum 16 students
M/T/W Program (PM) Must be 4 by 12/31/25	\$252/mo.	8:1 teacher/child ratio, maximum 16 students
<b>3/4 Year Olds</b>		
M/W Program (AM) or T/TH Program (AM) Must be 3 by 9/30/25	\$207/mo.	7:1 teacher/child ratio, maximum 14 students

The Parent Handbook is available on our website, [www.stjohndublin.org](http://www.stjohndublin.org).

Please direct questions concerning forms, procedures, or the preschool to Natasha Bredehoeft at 614-889-5893 or [preschool@stjohndublin.org](mailto:preschool@stjohndublin.org). We look forward to serving you!



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

**2025-2026**

**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, 2025	\$342/month
_____	Mon./Tues./Wed./Thurs.	9:00-11:30	4 by September 30, 2025	\$342/month
_____	Mon./Tues./Wed.	9:00-11:30	4 by September 30, 2025	\$252/month
_____	Mon./Tues./Wed.	12:30-3:00	4 by December 31, 2025	\$252/month
_____	Mon./Wed.	9:00-11:30	3 by September 30, 2025	\$207/month
_____	Tues./Thurs.	9:00-11:30	3 by September 30, 2025	\$207/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 \_\_\_\_\_

12/5/24

ST. JOHN CHRISTIAN PRESCHOOL TUITION AGREEMENT - SCHOOL YEAR 2025-2026

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	\$3078/year or \$342/mo. X 9
M/T/W Program	\$2268/year or \$252/mo. X 9

**3/4 Year Olds**

M/W Program	\$1863/year or \$207/mo. X 9
T/TH Program	\$1863/year or \$207/mo. X 9

Tuition is reduced by 10% for the 2<sup>nd</sup> 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. I agree to pay any fee that is incurred due to this payment being declined.

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			

0001

DATE \_\_\_\_\_

PAY TO THE ORDER OF **ATTACH VOIDED CHECK HERE** \$ \_\_\_\_\_

**DEPOSIT SLIPS NOT ACCEPTED**

**Savings Bank**  
Any Street, Anytown  
Tel: (001) 555-5555

RE \_\_\_\_\_

123456789 000123456789 0001

ROUTING  
NUMBER

ACCOUNT  
NUMBER

CHECK  
NUMBER

#### FOR OFFICIAL USE ONLY

Date Received
Employee Signature

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