



St. John's Preschool
275 East Main Street
Wytheville, VA 24382
(276) 228-3248
preschool@stjohnswytheville.org

St. John's Preschool Enrollment Agreement 2024-2025

Child's Name (First, Middle & Last)	Date of Birth	Gender	T-Shirt Size
Parent/Guardian Name(s)	Phone Number	Email	
Mailing Address	City	State	Zip Code

St. John's Preschool is committed to providing quality early education in a nurturing Christian environment where each child can grow and develop intellectually, socially, physically, and spiritually while instilling an enthusiasm for learning and an appreciation for God's diverse creation.

Acceptance of this completed enrollment form along with payment of the non-refundable registration fee will hold a spot for your child in our school. We have compiled important points of information about our program below. Please read carefully.

Your signature acknowledges your understanding and agreement to the following:

1. I understand that St. John's Preschool is an outreach of St. John's Episcopal Church and is religiously exempt from licensure through the VA Department of Education. All religious exempt schools submit annual documents to meet the code requirements and are subject to annual drop in inspections to ensure compliance. The preschool program is hosted within the Church building; the space is handicap accessible and composed of six classrooms, community spaces, and bathrooms. The preschool also has use of the outdoor playground during school hours. The preschool is covered under St. John's Episcopal Church's public liability insurance. The preschool is approved to care for up to 60 students a day from two years and six months of age to five years and eleven months of age. St. John's Preschool is not licensed or equipped for diapering/toilet training - All students MUST be potty trained. I also understand that St. John's Preschool is not licensed for any staff member to administer any form of medication to students under any circumstances. Every staff member is required to meet the qualifications set forth by the St. John's Preschool Board, including a minimum of a high school diploma, childcare/teaching experience, passing a background and central registry check, CPR/First Aid training, and annual health exams performed by their physician.

2. I understand that St. John's Preschool is a nine-month program starting in September and ending in May. St. John's Preschool begins after Labor Day. The first day of attendance for each program will be a one hour Orientation, and one parent/guardian is required to attend Orientation as well. During the nine-month program, the preschool has its own calendar displaying holiday breaks/closings. I also understand that in the event of inclement weather, St. John's Preschool typically follows the Wythe County Public Schools for delays and closings - but will also send notifications to parents of the decision made.

3. I understand that St. John's Preschool offers two preschool programs: a part-time program conducted from 9:00am until 12:00pm and a full-time program, called Preschool Plus, conducted from 7:30am until 5:30pm. The early drop off time of 7:30am is also available to students attending any of the part-time programs on their days of attendance, for an additional fee. Both part-time and full-time programs are offered on a two, three, or five days/week basis. I also understand that Preschool Plus provides students with both a consistent schedule and environment, thus allowing for lessons and activities which support and enrich the morning curriculum. If enrolled in Preschool Plus, I am required to pack a lunch and afternoon snack for my child and provide a nap mat, sheets and blanket for his/her daily rest period.

4. I understand that if my child turns three years of age by December 31st, 2024, then he/she is eligible to be enrolled in either the part-time OR full-time 2 days/week programs offered on Tuesdays and Thursdays; OR 5 days/week programs offered Monday through Friday. I also understand that if my child turns four years of age by December 31st, 2024, then he/she will need to be enrolled at least 3 days/week in order to receive the appropriate level of preparation prior to Kindergarten.

5. I understand that St. John's Preschool requires all students enrolled in the preschool program to be toilet trained. St. John's Preschool is not licensed as a daycare, and therefore, does not have the amount of staff nor the equipment necessary for diapering nor toilet training. We understand that accidents happen (which is why we ask that each child have an extra pair of clothes kept at school), however, children who have frequent accidents are not considered toilet-trained.

6. Once enrolled, I agree to complete an Emergency Contact Card (provided by the school), and I agree to provide a copy of my child's birth certificate and a record of his/her most recent health physical exam and immunization records - signed by their health care provider. I understand that this information must be submitted by the first full day of school.

7. I agree to pay the monthly tuition payment that corresponds to the program in which my child is enrolled, on the 1st day of each month. I acknowledge that failure to do so by the 5th day of the month will result in a late fee of \$20.00. If I have extenuating circumstances, under which I cannot make payment prior to the deadline, I understand that the Director must be contacted. I also understand that if I do not contact the Director to make arrangements for late payment, and payment is 30 days past due, my child will be withdrawn from the school.

8. I understand that if I must withdraw my child from St. John's Preschool, I must give 30 days notice to the Director. Failure to do so will require payment of the following month's tuition regardless of attendance.

9. I understand that tuition payments *will not* be altered by the number of days my child attends school, nor the days that the school is delayed or closed due to inclement weather, as the preschool calendar allows for snow days each year. Extension of the calendar, to adjust for excessive days missed, is at the discretion of the St. John's Preschool Board. However, all tuition payments are expected on time, regardless of the number of days the preschool is open during any given month.

10. I acknowledge that the school will provide a morning snack for my child each day, consisting of a healthy, salty and sweet option along with a beverage.

11. I acknowledge that I will be responsible for paying a \$50 supply fee *each semester* of my child's attendance at St. John's Preschool; and I am willing to donate supplies for my child, as I am able.

12. I understand that there will be overtime charges if student pick-up occurs later than 12:15pm, at the rate of \$5.00/5 minutes. For Preschool Plus students, there will be overtime charges if student pick-up occurs later than 5:30pm, at the rate of \$10.00/5 minutes or portion thereof.

13. I agree to keep my child at home if he/she exhibits symptoms of illness (fever, vomiting, diarrhea, sore throat, frequent cough, heavy runny nose, frequent sneezing, headache, etc.) during a 24 hour period prior to attendance at preschool. I understand that my child can return to school once he/she has been symptom free, without the assistance of medication, for 24 hours. I will keep my child home in consideration to other parents, children, and teachers - in an attempt to stop the spread of the illness. I also agree to pick up my child promptly whenever I am contacted by St. John's Preschool because my child has become ill. I understand that in the event I cannot be reached OR cannot pick up my child promptly, an emergency contact will be notified.

14. I authorize St. John's Preschool to obtain medical attention if any emergency occurs when I cannot be reached immediately. Your child will be transported by emergency vehicle to Wythe County Community Hospital.

15. I hereby give permission for my child to participate in field trips with St. John's Preschool. I also understand that in the event that the field trip requires transport by motor vehicle, I or another guardian must transport and attend the field trip along with my child. Please note that you will always be advised of our field trips through our monthly calendars/newsletters. Additionally, sign up pages will be posted for chaperones to volunteer to attend field trips within walking distance.

16. I hereby consent to the use of photographs/videotape taken during the course of the school year for publicity, promotional, and/or educational purposes (including publications, presentation, or broadcast via newspaper, internet, or other media sources). I do this with full knowledge and consent and waive all claims for compensation of use or for damages. These photographs will always and only be used in a manner that is visually and morally in good taste and will never be released along with the child's name. Please check one of the following:

____ *Yes, I give consent for my child to be photographed for school purposes.*

____ *No, I do not give consent for my child to be photographed for school purposes.*

If you have any questions or concerns, please do not hesitate to call or email. We encourage you to schedule a tour of our school to view our wonderful program; classes are in session through the month of May. Please contact us at (276)228-3248 or preschool@stjohnswytheville.org to arrange a mutually convenient time. We hope to hear from you, and we look forward to meeting you and your preschooler!

Parent or Guardian Date

Director Date

St. John's Preschool Program & Tuition Contract 2024-2025

Child's Name (First, Middle & Last)

Parent/Guardian Name(s)

Mailing Address

City

State

Zip Code

- **The yearly, non-refundable Registration Fee is \$100. This fee is due along with these enrollment forms to hold your child's spot in the program you choose below.**
- **By June 1st, 2024, the last month's tuition will also be due, for the program you choose below. This is your commitment to enrollment into the program. This payment will be used to cover your tuition payment due on May 1st, 2025 if your child is still enrolled, but is non-refundable if your child is withdrawn prior to May 1st, 2025.**
- **Each semester, a \$50 supply fee will be due. The first one along with September's tuition payment, and the second along with January's tuition payment.**
- **Withdrawal from our program, requires 30 days advance notice given to the Director. Failure to do so will require payment of the next month's tuition regardless of attendance.**

Payment Options

Preschool Part-Time (9:00AM-12:00PM)	Monthly	Semester	Full Year
<input type="checkbox"/> 2 Day Class (T/Th) *3 yr Only*	\$135.00	\$ 607.50	\$1,215.00
<input type="checkbox"/> 3 Day Class (M/W/F) *4-5 yr Only*	\$195.00	\$ 877.50	\$1,755.00
<input type="checkbox"/> 5 Day Class (M-F)	\$270.00	\$1,215.00	\$2,430.00
Preschool & Early Drop Off (7:30AM-12:00PM)	Monthly	Semester	Full Year
<input type="checkbox"/> 2 Day Class (T/Th) *3 yr Only*	\$165.00	\$ 742.50	\$1,485.00
<input type="checkbox"/> 3 Day Class (M/W/F) *4-5 yr Only*	\$240.00	\$1,080.00	\$2,160.00
<input type="checkbox"/> 5 Day Class (M-F)	\$340.00	\$1,530.00	\$3,060.00
Preschool Plus Full-Time (7:30AM-5:30PM)	Monthly	Semester	Full Year
<input type="checkbox"/> 2 Day Class (T/Th) *3 yr Only*	\$310.00	\$1,395.00	\$2,790.00
<input type="checkbox"/> 3 Day Class (M/W/F) *4-5 yr Only*	\$450.00	\$2,025.00	\$4,050.00
<input type="checkbox"/> 5 Day Class (M-F)	\$615.00	\$2,767.50	\$5,535.00

By my signature, I agree to be responsible for all financial obligations set forth in the Program & Tuition Contract, as well as the Enrollment Agreement.

Parent/Guardian

Date

Director

Date

St. John's Preschool
Student Information Form

Child's Name (First, Middle & Last) _____

Do you wish for your child to learn to write/recognize their full first name or a nickname? If you prefer a nickname, please list: _____ Gender _____ DOB _____

Father's Name _____ Email _____

Home Address _____

Cell Phone _____ Home _____ Work _____

Occupation/Place of Employment _____

Mother's Name _____ Email _____

Home Address _____

Cell Phone _____ Home _____ Work _____

Occupation/Place of Employment _____

Siblings:

<u>Name</u>	<u>Gender</u>	<u>DOB</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Child's Physician _____ Phone _____

Serious health problems/allergies? _____

The following information is only requested so we can best understand the needs of your family:

Does your child have any previous childcare or Preschool experiences? __Yes __No

If Yes, please list where your child has attended: _____

Are there any physical or developmental difficulties that we need to be aware of? __Yes __No

If Yes, please explain: _____

Does your child have any particular habits that the teacher or director should be aware of?

What is your church affiliation? _____

Is your child adopted? __Yes __No If yes, are they aware of this information? __Yes __No

Is your child a foster child? __Yes __No

Is your child in a Single parent home? __Yes (__Mom __Dad) __No

Is your child in an arrangement split between multiple homes? __Yes __No

****If Yes, please provide us a copy of your custody arrangement.****

Please list anyone who is NOT allowed to pick up your child: _____