

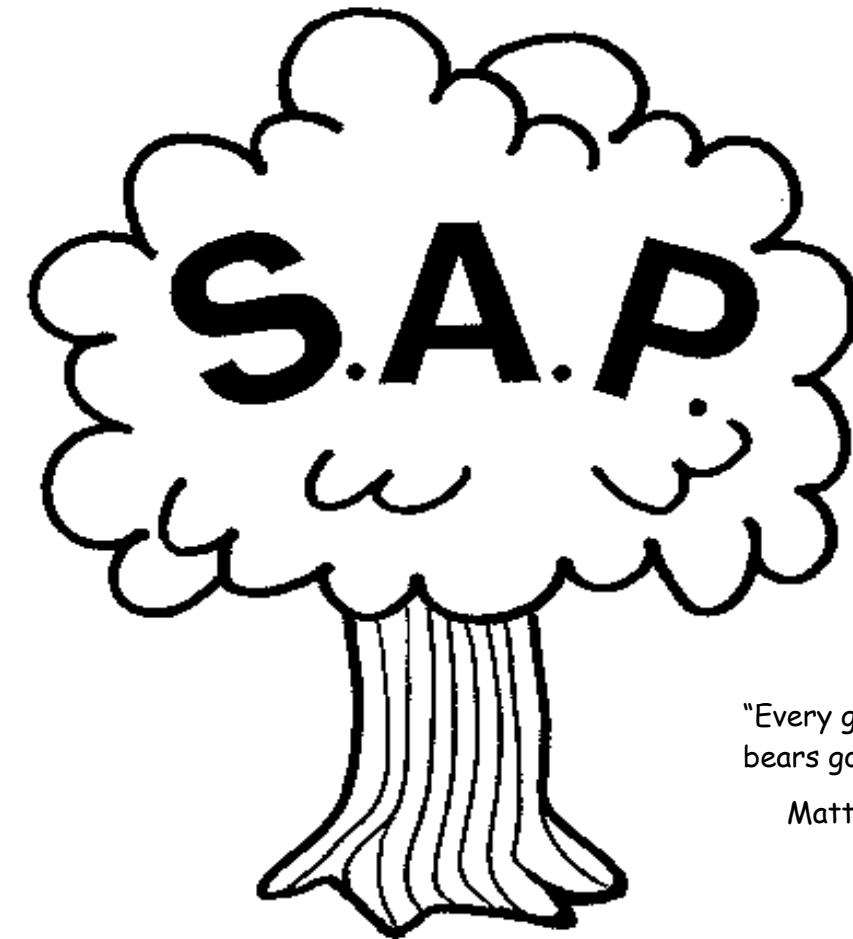
Stow Alliance Preschool

4460 Stow Road

Stow, Ohio 44224

330.688.7433

www.stowalliance.org/preschool.htm



"Every good tree
bears good fruit."

Matthew 7:17

Thank you for your interest in Stow Alliance Preschool.

The purpose of Stow Alliance Preschool is to help each child develop into the person God intends for him or her to be by providing a loving, caring, Christian environment. We recognize that each child is unique and we will provide a variety of experiences to encourage his or her social, emotional, intellectual, physical, and spiritual development.

Stow Alliance Preschool Registration Application 2018-2019

The preschool is owned by Stow Alliance Fellowship and is located on the main level of the church at 4460 Stow Road, Stow. The preschool is licensed by the Ohio Department of Job & Family Services. Each of our classes has a qualified teacher and an assistant.

Our Stow Alliance Preschool teaching team has over 20 combined years of experience in the field of education. The children are given the time and encouragement to instill a love of learning that will continue on throughout their educational career. We strive to provide a learning environment that allows all children to learn through a variety of experiences such as: creative arts, literacy, bible stories, socio dramatic, gross motor, science and several other ways they can explore the environment around them. We encourage children to reach their educational potential and have the readiness skills needed for Kindergarten.

Ages and Classes: Children must be 3 years old to register in a 3 year old class and 4 years old to register in a Pre-K class. Children will be evaluated at the end of the year to determine what class is appropriate for the following year. All children must be toilet trained to attend preschool. An orientation time for parents will be held prior to the opening of preschool. Classes run from mid September through mid May. The following classes are available:

- Other options may be available based on class ratios, please contact Administrator.

| Class Age | Days | Time | Monthly Tuition |
|------------------------|---|-------------------------------|-----------------|
| 3 year olds | Monday & Tuesday | 9:15 am - 11:45 am | \$90 |
| | Wednesday, Thursday, Friday | 9:15 am - 11:45 am | \$125 |
| Pre-K 4-5 year Olds | Wednesday, Thursday, Friday | 9:15 am - 11:45 am | \$125 |
| | Wednesday, Thursday, Friday | 1:00 pm - 3:30 pm | \$125 |
| | Wednesday, Thursday, Friday (Lunch Bunch hour is included) | ALL DAY: 9:15 am - 3:30 pm | \$325 |
| Pre-K 4-5 year old | Tuesday, Wednesday, Thursday, Friday | 9:15am—11:45am | \$165 |
| | Tuesday, Wednesday, Thursday, Friday | 1:00 pm— 3:30 pm | \$165 |
| | Tuesday - Friday (Lunch Bunch hour is included) | ALL DAY: 9:15 am - 3:30 pm | \$425 |

**Must provide a packed lunch according to USDA's Guidelines. Price for non-all day children is \$8.00 per each day used.

Fees: A non-refundable registration fee of \$50 for the first child and \$30 for each additional child in the same family must accompany your registration application(s).

Tuition is due on the first of the month, beginning September 1st and ending April 1st. If your tuition is not received by the 5th of the month, a late fee of \$15 will be charged. If the tuition and late fee are not received by the 15th of the month, your child will not be allowed to attend school until it is received. Tuition is due even if school is not in session.

Please make all checks payable to "Stow Alliance Preschool" please include your child's name and class. You may mail your tuition checks to: 4460 Stow Road, Stow, Ohio 44224.

Child's Name _____ Name used _____

Birthdate _____ Present age _____ Gender: Male / Female
(Month) (Day) (Year)

Address _____
(Street) (City) (Zip)

Parents are: _____ married _____ widowed _____ single _____ divorced _____ other

Father's Name _____ Home Phone _____

Father's Address _____

Employer _____ Occupation _____

Work Phone _____ Cell Phone _____

Email Address _____

Mother's Name _____ Home Phone _____

Mother's Address _____

Employer _____ Occupation _____

Work Phone _____ Cell Phone _____

Email Address _____

Other family members and ages _____

Allergies or physical problems of which the teacher should be aware _____

Indicate Class Choice - Please choose two in the event class fills. Use line provided to indicate preference.

Class Age Days Time

Class Choice 1: _____

Class Choice 2: _____

How did you hear about our program? _____

Parent/Guardian signature _____ Date _____

| |
|--|
| Office Use Only: Registration Fee \$50: Date received _____ Check # _____ Amount _____ _____ Class Assigned: _____ |
|--|