

Preschool Application (3 – 5 years old)

2026 – 2027 School Year

Covenant Presbyterian Church

2070 Ridgecliff Road, Columbus, OH 43221



Application forms may be returned to Caroline McGeoch via email at childcenter@covenantpcusa.org, or mailed to the attention of Caroline McGeoch at the address above. To drop off in person, please call 614-451-7172 to arrange an appointment.

FEES – A \$100 non-refundable application fee (per child) must be submitted to complete your application process.

- Checks made payable to **Covenant Presbyterian Church** that include **your child's name and Preschool 2026-2027 on the memo line** may be placed in the tuition drop box outside room 111, mailed, or given to the Center director or assistant director.
- Zelle payments must be sent to Covenant's special and secure email address for Zelle payments: **giving@covenantpcusa.org**. Enter the amount you wish to send AND include **your child's name and Preschool 2026-2027** to identify what the payment is for.

TUITION – The total annual tuition is divided into 9 monthly payments. The first payment is due 7/1/26. The remaining 8 payments are due on the 1st of each month beginning 9/1/26 thru 4/1/27.

ENROLLMENT CHOICES

| Session Name | Time Period | 5 days/week (M,Tu,W,Th,F) Monthly Tuition | 3 days/week (M,W,F) Monthly tuition | 2 days/week (Tu/Th) Monthly tuition |
|-------------------|------------------------|---|---|---|
| AM Preschool | 8:30 – 12:30 (4 hrs) | \$890 | \$520 | \$370 |
| AM Preschool Plus | 8:30 – 2:15 (5.75 hrs) | \$1345 | \$786 | \$559 |

Please indicate the number of days per week you would like your child to attend:

☐ **2 days per week** (Tu, Th)

☐ **3 days per week** (M, W, F)

☐ **5 days per week** (M, Tu, W, Th, F)

Please indicate the hours you would like your child to attend:

☐ **AM Preschool** 8:30 am – 12:30 pm (4 hrs)

☐ **AM Preschool Plus** 8:30 am – 2:15 pm (5.75 hrs)

Child's Name _____ Gender _____ Birthdate (mm/dd/yr) _____

By what name should we call your child? _____

Address _____

Do you plan to send your child to kindergarten in August of 2027? ____ Yes ____ No ____ Undecided

Thank you for taking the time to complete the information below. The information you enter will help us to better understand and meet your child's needs.

CHILD'S INFORMATION

Child's Name _____

Does your child have any food, medication, or environmental allergies? Yes _____ No _____

If yes, please explain _____

Does your child have any developmental delays, special health or medical conditions?

Yes _____ No _____

If yes, please explain _____

Does your child have any dietary restrictions for medical, religious, or cultural reasons?

Yes _____ No _____ If yes, please explain _____

Child lives with (names and relationship to adults, names and ages of siblings)

Is your child adopted? _____ At what age? _____ Has your child been informed? _____

Who cares for your child during weekdays if not in school? _____

Relationship to child? _____ What does your child call this person? _____

How does your child respond to babysitters? _____

Does your family have any pets? Yes _____ No _____

If yes, what kind and what are their names? _____

Will your child be attending any other school or group activities such as dance class, Sunday school, etc. this year? _____

What previous group experience has your child had and what was your child's reaction? _____

Does your child like quiet, or more active play? _____

What are your child's favorite T.V. programs/videos/songs/books/toys? _____

How do you usually discipline your child? _____

Does your child have any special fears? _____

PARENT/GUARDIAN INFORMATION (please include all parents and guardians, use an extra page if needed)

Name _____ What does your child call you? _____

Training or Profession (whether currently working or not) _____

Phone _____ Email address _____

Name _____ What does your child call you? _____

Training or Profession (whether currently working or not) _____

Phone _____ Email address _____

Parents' Marital Status: _____ Married _____ Divorced _____ Separated _____ Other

ADDITIONAL INFORMATION

Family religious preference or affiliation: _____

What are your expectations for how Preschool classes can benefit your child?

What else should we know about your child?

(Please use the last page of this form or attach a separate sheet if you need more space.)

How did you hear about Covenant Children's Center? _____

Are you a church member? _____

Does this child have siblings who are currently or were previously enrolled? _____

If so, when, and which program(s)? _____

Who completed this application? _____

Signature (a typed signature is acceptable): _____ Date: _____