

# 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](mailto: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](mailto: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 1<sup>st</sup> 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)

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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: \_\_\_\_\_