



St John's Episcopal Church  
Preschool Parents Morning Out

### Our Vision

The vision of St John's Episcopal Preschool is to provide quality early childhood education full of love and Christian values.

### Our Philosophy

St John's Episcopal Preschool offers a program that stimulates the intellect, challenges the body, fills the spirit and above all loves the child. The program is an extension of St John's ministry. The staff strives to introduce the children to the joy of learning in a warm environment of love and Christian values.

### Parents Morning Out

Since this is often the children's first introduction to school we provide a low structure Christian environment. The children are learning to separate from their parents and interact with other children. A typical day may involve free play, story time, music and movement. Playground time, art, and a very simple circle time with finger play. Learning to transition successfully from one activity to another and share/play with friends are two major goals of the Parents Out Program.



Class information:

Ages: 12 - 23 months

Ages: 24 - 35 months

Tuesday and Thursday - 8:30am - 12:00pm

Monday and Wednesday - 8:30am - 12:00pm

Monthly payments:

\$250.00/ 2 day

\$500.00/ 4 day

Deposit required nonrefundable - \$250.00 - Two Days

\$500.00 - Four Days

Deposit is nonrefundable but applies to the last month tuition.

Tuition payments due by the 5<sup>th</sup> of each month. \$10.00 late fee applied for late payments.

Continually non payment of monthly fee can cause child being removed from program.

A deposit must be included with the following form. Payments are also accepted online. A link can be sent to you once the form is received.

\*Members of St. John's Episcopal Church will receive priority placement.



St John's Episcopal Church  
Preschool Parents Morning Out  
2024-2025 Wait List Registration Form

Student Information

Child's full name \_\_\_\_\_

Name to be called \_\_\_\_\_ Gender \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian Information

Parent #1 - Name \_\_\_\_\_

Place of employment \_\_\_\_\_

Occupation \_\_\_\_\_

Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Address if different from child's \_\_\_\_\_

\_\_\_\_\_

Parent #2 Name \_\_\_\_\_

Place of employment \_\_\_\_\_

Occupation \_\_\_\_\_

Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Address if different from child's \_\_\_\_\_

\_\_\_\_\_

If your child has any special needs and/or health problems that we should be aware of, please list below and describe in full. \_\_\_\_\_

\_\_\_\_\_

Child must be the listed age or will be by Sept 1, 2024 in order to be selected.

Please indicate your first choice with a 1 and your second choice with a 2.

\_\_\_\_ 12-23 months Monday and Wednesday

\_\_\_\_ 12-23 months Tuesday and Thursday

\_\_\_\_ 24-35 months Monday and Wednesday

\_\_\_\_ 24-35 months Tuesday and Thursday

Would you like your child to attend 4 days \_\_\_\_\_ or 2 days \_\_\_\_\_ each week.

Please complete and return with deposit to the church office:

Questions - 843-974-5593

Email - Sue Cromwell at [SCromwell@StJohns1734.org](mailto:SCromwell@StJohns1734.org)

Physical: St. John's Episcopal Church

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John's Island, SC 29455

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PO Box 423

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