



St. Thomas More Preschool
4180 North Amber Dr., Brooklyn, OH 44144
216-749-1660
Registration 2011-2012



General Information: The preschool is located in the school building. The school year runs from August through May. Holidays and vacations coincide with the St. Thomas More School calendar.

Part Time Preschool Program

*Must be three by September 30th and toilet trained

Three Day Program - Mon., Tues., Wed

AM Class 8:05 – 11:05 AM
 PM Class 12:10 – 2:40 PM

Four or Five Day Program –

Mon., Tues., Wed. AND Thursday/Friday
 AM Class Only 8:05 – 11:05 AM

Full Time Preschool Program

*Must be three by September 30th and toilet trained

Three Day Program and Four/Five Day Program

Monday through Friday
 Preschool Opens 7:00 AM
 Preschool Program 8:30 AM – 2:40 PM

Preschool Closes 6:00 PM

Extended Care is available from
 7:00-8:05 AM and 2:40-6:00 PM)

Curriculum: Experienced teachers in early childhood education and preschool will provide a curriculum that will include religion, development of gross & fine motor skills, music and movement, arts & crafts, nature and science activities, readiness skills in math, reading and language arts, individualized music and computer exploration.

Fees: Registration \$100.00 (non-refundable)

Tuition:

Part Time Program

3 days - AM class - \$135/month
 PM class - \$130/month
 4 or 5 days – AM class only - \$210/month

Full Time Program

3 days - \$140/week
 4 or 5 days - \$155/week

Extended Care - \$4/hour

A 4% discount will be given to those families who pay the entire year in advance by August 15.

- Children enrolled at the St. Thomas More Preschool will have preference for enrollment in the St. Thomas More Kindergarten Program.

Child's Information: (Please print)

Child's Name: _____ **Birthdate:** _____
Address: _____ **City, Zip** _____
Gender: M F **Race** _____

Parent Information:

Parishioner (circle one) Yes No

Mother's Name: _____	Father's Name: _____
Address: _____	Address: _____
City, Zip: _____	City, Zip: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Email: _____	Email: _____

Program(s) you are interested in:

____ Part Time 3 Days AM (Mon., Tues., Wed.) ____ Part Time 3 Days PM (Mon., Tues., Wed.)
 ____ Part Time 4 or 5 Days AM ONLY (Mon., Tues., Wed., AND Thurs./Fri.) Please Circle Day(s) Thursday Friday
 ____ Extended Care Days and Times needed _____
 ____ Full Time (check one) __ 3 days __ 4 or 5 days