



St. Thomas More Preschool
4180 North Amber Dr., Brooklyn, OH 44144
216-749-1660
Registration 2019-2020



General Information: The preschool is located in the school building. The school year follows the St. Thomas More Day School master calendar. Holidays and vacations coincide with the St. Thomas More School calendar.

Half Day Preschool Program	Full Day Preschool Program
*Must be three by September 30th and toilet trained	*Must be three by September 30th and toilet trained
Three Day Program and Four/Five Day Program Mon. Tues. Wed./Monday through Friday 7:50 AM – 11:05 AM	Three Day Program and Four/Five Day Program Mon. Tues. Wed./Monday through Friday Preschool Opens 7:00 AM - Closes 6:00 PM Monday through Friday 7:50 AM – 2:40 PM
Extended Care: Available from 7:00-7:50 AM and 2:45-6:00 PM (additional charge for Half Day students only)	

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 and 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: Half Day Program
 3 days - \$150/month
 4 or 5 days – \$225/month

Full Day Program
 3 days - \$160/week 7:00AM – 6:00 PM
 4 or 5 days - \$170/week 7:00AM – 6:00 PM
 5 days - \$140/week 7:50 AM – 2:40 PM

Extended Care - \$4 per hour

A 4% discount will be given to those families who pay the entire year in advance by August 19, 2019

**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: Male Female **Baptized Catholic:** Yes No

Ethnicity: American Indian/Alaskan Native Asian Black/African American Hispanic
 Native Hawaiian/Other Pacific Island White Multi-racial

Parent Information:

Parishioner Yes No

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

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

Program(s) you are interested in:

- Half Day 3 Days (Mon., Tues., Wed.)
- Half Day 4 or 5 Days (Mon., Tues., Wed., AND Thurs./Fri.) Please Circle Day(s) Thursday Friday
- Extended Care Days and Times needed _____
- Full Day (check one) 3 days (w/extended care) 4 or 5 days (w/extended care) 5 days 7:50AM – 2:40 PM