

St. John's Children's Center  
1070 West Plumb Ln  
Reno Nv 89509

Phone (775)826-4655  
Fax (775)826-4744



## **St. John's Children's Center Waitlist Policy for Infant/Toddler**

- Members of the St. John's Presbyterian Church, who have been active members for at least one year, receive priority for spaces in the Children's Center. Siblings of currently enrolled students receive second priority for spaces.
- There is a one-time, non-refundable waiting list fee of \$25.00. This is a fee to maintain the waiting list and does not apply to any future tuition. This fee is waived for members of St. John's Presbyterian Church.
- Being placed on the waiting list does not guarantee your child will be offered a space in St. John's Children's Center. If you are offered a space in the Children's Center and choose to decline it, your child's name will remain on the waiting list according to the date of your application. When space becomes available later, it will be filled from the waiting list in chronological order it was received.
- If an attempt to reach you is unsuccessful and/or calls are not returned. You will be removed from the waitlist.
- St. John's Children's Center is a year-around program with two sessions, one during the schoolyear and one during the summer months. Registration is held each Spring for both the Summer and School-Year program.
- Infant/toddler program:
  - Infant: 8 weeks to 12 months (Minimum enrollment of 3 full days required)
  - Toddler: 12 months to 3 years (Minimum enrollment of 2 half days required)
- Children in our infant/toddler program will follow the same schedule as our preschool. They will need to be 3 years old by September 30<sup>th</sup> to move to our preschool program and completely potty trained.

**\*Our Infant/Toddler Program hours of operation are 7:30-5:00\***

[www.stjohnschildrenscenter.org](http://www.stjohnschildrenscenter.org)

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## St. John's Children's Center Infant/ Toddler Waiting list

Child's Name \_\_\_\_\_ M\_\_\_ F\_\_\_ Birth Date /Due date\_\_\_\_\_

Who referred you to St. John's Children's Center? \_\_\_\_\_

Active St. John's Church Member? Yes No Date Joined \_\_\_\_\_

Do you have other children at this center? Yes No

If yes name(s) and age(s) of other children: \_\_\_\_\_

### Desired enrollment:

\_\_\_  $\frac{1}{2}$  Day (7:30 am -1:00 pm) \*Not available for infant room\*

\_\_\_ Full day (7:30 am- 5:00 pm)

Preferred days: \_\_\_\_\_

Preferred start date: \_\_\_\_\_ Flexible on enrollment days? Yes No

Please note there is a minimum enrollment of 3 full days in the infant room and 2 half days in the toddler class.

### Parent/ Legal Guardian Contact Information:

Name: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

I have received a copy of the waiting list policies and understand I am requesting a space on the waiting list for my child. I understand this application does not guarantee I will be offered a space. I agree to pay a non-refundable waiting list fee, which will not be applied to any future tuition.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

### Office Use Only

Returned to Office: \_\_\_\_\_ Initials: \_\_\_\_\_ Amount/Check No. \_\_\_\_\_

Siblings on waiting list? Yes No Sibling's date of birth: \_\_\_\_\_