

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

- 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.
- Children must be three years old by September 30th and be fully potty trained to be enrolled in the preschool program. Additionally, they must be 5 years old by September 30th to enroll in the kindergarten program at St. John's Children's Center

Our Preschool Program hours of operation are 7:30am-6:00pm

www.stjohnschildrenscenter.org

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 Application

Child's Name _____ M____ F____ Birth 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)

____ Full day (7:30 am- 6:00 pm)

Preferred days: _____

Preferred start date: _____ Flexible on enrollment days? Yes No

Please note Kindergarten is Mon- Fri full day only, enrollment includes before and after school care.

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

www.stjohnschildrenscenter.org

Office Use Only

Returned to Office: _____ Initials: _____ Amount/Check No. _____

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