



John McMillan Preschool

875 Clifton Road • Bethel Park, Pennsylvania 15102

Telephone (412) 833-4704 • Fax (412) 851-9171

www.johnmcmillanpc.org

REGISTRATION 2021-2022

Welcome to John McMillan Preschool! Space for your child in the John McMillan Preschool program is reserved on a first come/first served basis according to the receipt date of the registration form and the registration fee of **\$50.00 per child** or maximum **\$75.00 per family**.

To enroll your child in any of our programs, please complete the registration form **and** return it with your **non-refundable** registration fee to the address above. **Please make your check payable to John McMillan Preschool.**

You will receive notification of your child's enrollment or waiting list placement via email within one week after registration is received.

Class offerings & tuition for the 2021-2022 school-year are as follows:

		<u>Annual tuition</u>	<u>Monthly tuition</u>
Pre-Kindergarten Monday-Tuesday-Wednesday-Thursday (Must be 4½ by September 30)	9:15 – 11:45 a.m.	\$1,755.00	\$195.00
Four-year olds Monday-Wednesday-Friday <u>or</u> Tuesday-Thursday-Friday (Must be 4 by September 30)	9:15 – 11:45 a.m.	\$1,530.00	\$170.00
Three-year olds – 3 days Monday-Tuesday-Thursday (Must be 3 by September 30 and toilet trained)	9:15 – 11:45 a.m.	\$1,530.00	\$170.00
Three-year olds – 2 days Tuesday-Thursday (Must be 3 by September 30 and toilet trained)	9:15 – 11:45 a.m.	\$1,260.00	\$140.00

There is a 2% savings in tuition if the annual fee is paid in full by September 10, 2021.

A sibling discount of 10% will be applied to the tuition of the youngest sibling, if two or more children are enrolled.

If you would like more information or to schedule a tour of John McMillan Preschool, please contact Kim Doughty, Preschool Director at 412-833-4704 or preschool@johnmcmillanpc.org.



John McMillan Preschool

875 Clifton Road • Bethel Park, PA 15102
412-833-4704

Registration Form 2021-2022

Child's Name _____ Birthdate _____ Gender _____

Parent's Names _____

Address _____

City/State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Email _____

Please check if applicable: John McMillan Presbyterian Church member _____ Alumni family _____

Previous Preschool Experience (Where?) _____

****Does your child receive any services for special needs? _____ If so, what services?**

(John McMillan Preschool is an inclusive program. However, due to space limitations, we reserve the right to restrict the number of students who require in-class TSS/BSC assistance. Please check with the director to see if there is space for your child prior to registering. Thank you for your cooperation.)

PLEASE INDICATE YOUR CLASS PREFERENCE BELOW:

_____ A.M. Pre-Kindergarten (MTWTh)

_____ A.M. Four Year Olds (circle one – MWF or TThF)

_____ A.M. Three Year Olds (*circle one* – TTh or MTTh)

Signature

Date

Registration Fee: Amount _____ Check # _____ Date Received _____