



Covenant Children's Academy

201 N. Limestone Street

Springfield, OH 45503

937-327-0860

SpringfieldCCA@gmail.com

Dear Parents,

We are looking forward to a new school year, and have already started planning!

Attached you will find the registration form to secure your child's place at Covenant for Fall 2023. Please select the class you would like for your child on this form. All forms must be completed, returned and accompanied by an \$80.00 non-refundable registration fee to Covenant Children's Academy. The form and the fee may be returned to your child's teacher at Covenant, the church office on the first floor, **or** mailed to the address above.

Our classes for Fall 2023 are:

Tuesday-Thursday Preschool (3/4 yr. olds) Hours: 9:00am-11:30am

\$160.00/month

M-T-W-Th Pre-K 4 days for 4/5 yr. olds) Hours: 9:00am-12:00pm

\$230.00/month

Program Descriptions:

- Our **Pre-School** for 3 and young 4 year olds, is a traditional developmentally appropriate program focusing on learning to successfully navigate interactions with others, small and large muscle development, literacy development, and increasing your child's attention span through language, play, art, and daily routines.
- Our **Pre-K** program for older 4 and 5 year olds, concentrates on continuing development of social, physical, cognitive and emotional skills necessary for foundational behaviors for academic success, including literacy and language. Children are also expanding their self-awareness, using growing cognitive and communication skills.

You will receive an enrollment packet which includes all 2023-2024 paperwork and medical forms after you submit the enclosed registration form.

Covenant Children's Academy welcomes the opportunity to partner with you in your child's early education. Please contact us via email above or school phone (937) 327-0860 with any questions you may have.

Sincerely,
Barbara M. Yontz, Director



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Registration Form 2023-2024

Child's Name: _____

Birthdate: _____ Age on 9/1/23: _____

Home Address: _____

City: _____ Zip Code: _____

Phone Number: _____ Email: _____

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Siblings and Ages: _____

Classroom: Please check one

_____ T-Th Pre-School Class: 9:00am-11:30am 3 and 4 year old 2 days/week

_____ M-T-W-Th Pre-K Class: 9:00am-12:00pm 4 and 5 year old 4 days/week

Registration fee of \$80.00 (non-refundable) must accompany this form.

- I give permission to be included on the parent roster which includes parent's name, address, and phone number to be given to each student. ___ Yes ___ No
- I give permission to have my child's photograph to be used only for program information and promotion. No name will be referenced. ___ Yes ___ No

Signature _____

Date _____

CENTER POLICY REQUIRES ALL CHILDREN BE POTTY TRAINED

OFFICE USE ONLY: Check# _____ Amount: _____ Date: _____