

**OUTREACH CHRISTIAN PRESCHOOL**

P.O. Box 394, 20 3rd Street
New Albany, Ohio 43054
Lynn Reid and Kristen Pietro, Directors

Office Use	
Date Rec.	\$ Rec.
Class	Waiting
Extended Day	M T W R
Lunch Only	M T W R F
ID #	Open House

614-855-4100

ocpnapreschool@gmail.com**REGISTRATION FORM****School Year 2026-2027**

Date _____

Name of Child _____
(Last) _____ (First) _____ (Middle) _____ Male Female

By what name should we call your child while at preschool? _____

Date of Birth _____ Primary Phone _____

Address _____ City _____ State _____ Zip _____

Primary E-mail _____

Class(es) previously attended at OCP _____

YOUR CHILD'S FAMILYFather/Guardian

First Name _____

Last Name _____

Resides with the child? Yes No

Cell Phone _____

Email _____

Employer _____

Occupation _____

Work Phone _____

Mother/Guardian

First Name _____

Last Name _____

Resides with the child? Yes No

Cell Phone _____

Email _____

Employer _____

Occupation _____

Work Phone _____

Parents are: Married Divorced Separated Other _____
In Case of Divorce or Separation further information and custody papers will be requested.

Describe any home situations we should be aware of (out of town travel, other languages spoken, adoption, etc.)

List members of the household other than this child and parents (siblings, step-parent, grandparent, etc.)

NAME	GENDER	RELATIONSHIP	AGE

GETTING TO KNOW YOUR CHILD

Describe your child's personality. _____

Which hand does your child prefer? Left Right Is your child potty-trained? Yes In process

Provide any information that may be of help in understanding your child. (allergies, speech/hearing/vision, nervous habits, fears, etc.)

What group experience has your child had; where and how long? (Preschool, play group, church, etc.)

List any concerns you may have with your child interacting at preschool. _____

What do you hope to have your child gain from a preschool experience? _____

Name additional child care your child will be at while attending OCP. _____

List hobbies, talents or interests your family can share with the children. _____

What school district do you anticipate your child attending Kindergarten? _____

Does your family have a home church? If yes, where? _____

How did you hear about OCP? _____

CLASS PREFERENCE

A \$50.00 non-refundable registration fee must accompany your registration form (\$35.00 per additional child in family). Classes are filled in the order that registration forms and fees are received. Children will be placed in class based on the year they are eligible for Kindergarten. Please label your 1st/2nd/3rd choice of class for your child.

First month tuition will be due by August 4, 2026. We accept payments by check or cash.

PRE-K CLASSES – children eligible for Kindergarten Fall, 2027

5 days 4-5 years old
M-T-W-T-F 9:00 – 11:30 _____
Tuition \$305.00

4 days 4-5 years old
T-W-T-F 9:00 – 11:30 _____
Tuition \$280.00

3 days 4-5 years old
M-W-F 9:00 – 11:30 _____
T-W-T pm 12:30 – 3:00 _____
Tuition \$235.00

EXTENDED DAY 11:30-3:00 (following am class)
Choose day(s) M ___ T ___ W ___ R ___
Tuition \$120/month 1 day; \$200/mo 2 days;
\$270/mo 3 days; \$330/mo 4 days

LUNCH BUNCH 11:30-12:30 (am or pm classes)
Choose day(s) M ___ T ___ W ___ R ___ F ___
Tuition \$50/month 1 day; \$70/mo 2 days;
\$90/mo 3 days; \$110/mo 4 days; \$130/mo 5 days

Both Extended Day and Lunch Bunch students must be 3-5 years old (potty-trained, no Tot Time)

3 YEAR OLD CLASSES – 2 years from Kindergarten

3 days 3 years old
M-W-F 9:00 – 11:30 _____
T-W-T pm 12:30 – 3:00 _____
Tuition \$235.00

2 days 3 years old
T-T 9:00 – 11:30 _____
T-T pm 12:30 – 3:00 _____
Tuition \$185.00

2 ½ YEAR OLD CLASSES – 3 years from Kindergarten

2 days older 2 ½ (2 by December 31, 2025)
T-T 9:15 – 11:15 _____
Tuition \$185.00

1 day 2 ½ years old (2 by March 1, 2026)
Tuesday 9:15 – 11:15 _____
Tuition \$95.00

JANUARY 2 ½ years old (2 by July 1, 2026)
Thursday 9:15 – 11:15 _____
Tuition \$95.00

(January no need to pay fee now. More info in November.)