

SAINT JOHN THE BAPTIST SCHOOL

19 Chestnut Street
Peabody, Massachusetts 01960
Phone: 978-531-0444
Fax: 978-531-3569
www.stjohns-peabody.com



Admissions
Ext. 340

Dear Parents,

Beginning Thursday, September 26, 2019, St. John School is offering a Thursday morning playgroup. Children must be 2 years of age or older to participate. This will be held every Thursday in the school from 9:00-11:00 a.m. A parent or guardian must stay with the child. The playgroup will run in 6-week sessions at \$60.00 per session and each session will be limited for enrollment. Please call Tami Cronin at the school at (978) 531-0444 ext. 333 to register or complete the attached application form. You may sign up for either 1, 2 or all 3 sessions. Sessions will be filled on a first-come, first-served basis. A healthy snack will be provided for your child but please note, due to food allergies, we are a peanut free school. The following is a list of dates and themes for each session (Themes are subject to change).

Session #1 STARTING SEPTEMBER 26, 2019

- Sept. 26** *Welcome* (Getting to know you)
- Oct. 3** *Apples, Apples, Apples*
- Oct. 10** *Falling Leaves*
- Oct. 17** *Pumpkins*
- Oct. 24** *Scarecrows*
- Oct. 31** *Spooky, Spooky Halloween (bring costume)*

Session #2 STARTING JANUARY 9, 2020

- Jan. 9** *Welcome* (Getting to know you)
- Jan. 16** *Winter Fun*
- Jan. 23** *Snowflakes*
- Jan. 30** *Snowmen*
- Feb. 6** *Hearts and Colors*
- Feb. 13** *Be My Valentine*

Session #3 STARTING MARCH 5, 2020

- Mar. 5** *Welcome* (Getting to know you)
- Mar. 12** *Kites and Wind*
- Mar. 19** *St. Patrick's Day*
- Mar. 26** *Rain, Raindrops & Puddles*
- Apr. 2** *Rainbows*
- Apr. 9** *Happy Easter!*

******* Thank you for enrolling in our Playgroup. We look forward to seeing you on Thursday, September 26th. Please come to the Library entrance of our school located on the corner of Franklin and School Streets. Feel free to call Tami Cronin at (978) 531-0444 ext 333 with any questions you may have.**

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Thursday Morning Playgroup Application

Date: _____

Child's Name _____
First Middle Last

Address _____

City _____ Zip Code _____

Telephone Number _____

E-mail address _____

Child's date of birth _____

Do you have siblings attending St. John's School? _____

Name of Parent attending with child _____

Session(s) you would like to attend

Session 1 _____ Session 2 _____ Session 3 _____

The fee for each session is \$60.00.

THE FEE IS NON-REFUNDABLE.

This program is available on a first come, first served basis and registration will be limited. Payment must accompany your registration form and all checks should be made payable to St. John School. Thank you.