



Grace Lutheran Preschool



Registration Form 2011-2012 School Year

Child's Name: _____ Date of Birth: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Email: _____ Today's date: _____

Parent/Guardian Name: _____

**Child must meet age requirement by September 1st in order to enroll in a class
OR with teacher recommendation.**

Please select one of the following programs:

_____ 2 Year Old Program 9:00 to 11:15 am

_____ 1 Day a week \$65.00/month

_____ 2 Days a week \$120.00/month

_____ Tuesday/Thursday Session

OR

_____ Monday/Wednesday Session

(if child is enrolled for the 1 day option, please circle day attending)

_____ 3 Year Old Program for two days a week
Tuesday/Thursday \$125.00/month
9:00 to 11:30 am OR 12:30 to 3:00 pm

_____ 4 Year Old Program for three days a week
Monday, Wednesday, Friday \$140.00/month
9:00 to 11:30 am OR 12:30 to 3:00 pm

_____ 4 ½ & 5 Year Old Program for five days a week
Monday – Friday \$245.00/month
9:00 to 11:30 am OR 12:30 to 3:00 pm

**\$50 Registration Fee due to
hold child's place in class.
(\$40 fee for second child)**

**Make checks payable to;
Grace Lutheran Preschool
(Registration fee is non-refundable)**

Paid _____

Check# _____ Cash _____

*Registration fee includes a Grace Lutheran Preschool t-shirt for child enrolled. Order forms for additional items and sizing distributed at the beginning of the school year.

*Classroom minimums must be met before a session can be opened. Child's name can be put on a waiting list pending enrollment.

How did you hear about our preschool? _____

Were you referred by a current/past preschool family? _____ Family name? _____