



**2019-2020  
Preschool Registration  
School Class Schedule**

**2's Class (2 years old by August 1)**

Meets one day a week

Tuesday 9:00am - NOON OR Thursday 9:00am - NOON OR Friday 9:00am - NOON

**3's Class (3 years old by August 1)**

Option A: Meets two days a week

Tuesday 9:00am - NOON and Thursday 9:00am - NOON OR Monday 9:00am - NOON and Wednesday 9:00am - NOON

Option B: Meets two days a week

Tuesday 9:00am-3:00pm and Thursday 9:00am-3:00pm

**Pre-K 4's Class (4 years old by August 1)**

Option A:

Class meets three days a week

Monday, Wednesday and Friday 9:00am - NOON

Option B:

Class meets three days a week

Monday, Wednesday and Friday 9:00am - 3:00pm

Option C:

Class meets five days a week

Monday - Friday 9:00am - NOON

Option D:

Class meets five days a week

Monday - Friday 9:00am - 3:00pm

*Non-refundable registration fee \$75.00.*

**Yearly Tuition**

	<b>Yearly Tuition</b>	<b>Monthly</b>	<b>Semester Due 9/1 and 1/1</b>	<b>Full Year Payment (Discount)</b>
<b>2's</b>	\$720	\$80	\$360	\$698
<b>3's: Option A</b>	\$1,215	\$135	\$607.50	\$1,180
<b>3's: Option B</b>	\$1,935	\$215	\$967.50	\$1,877
<b>Pre-K 4's: Option A</b>	\$1,485	\$165	\$742.50	\$1,440
<b>Pre-K 4's: Option B</b>	\$2,430	\$270	\$1,215	\$2,357
<b>Pre-K 4's: Option C</b>	\$2,115	\$235	\$1,057.50	\$2,052
<b>Pre-K 4's: Option D</b>	\$3,645	\$405	\$1,822.50	\$3,463

*First payment due September 1<sup>st</sup>.*

*Payments due in the payment box by the 1st of each month. \$10.00 late fee if paid after the 10th of the month.*

**Activity and Supply Fee : One-Time Fee due September 1**

<b>2's</b>	\$40
<b>3's: Option A</b>	\$70
<b>3's: Option B</b>	\$85
<b>Pre-K 4's: Option A</b>	\$80
<b>Pre-K 4's: Option B</b>	\$100
<b>Pre-K 4's: Option C</b>	\$90
<b>Pre-K 4's: Option D</b>	\$125

**Before and After Care**

**Before Care:** Monday-Friday 7:00am-9:00am

**After Care:** Monday-Friday 3:00pm -5:00pm

**\$8 per Session**

• First come, first serve basis • 18 Students allowed

**Open Enrollment Begins January 29, 2019**

1787 Klerner Lane New Albany, IN 47150 • Phone: 812-941-1912 • Fax: 812-941-9884 • [www.gracelutheran.school](http://www.gracelutheran.school)





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## 2019-2020 Registration

Date \_\_\_\_\_

**Child's Name** \_\_\_\_\_

*First*

*Middle*

*Last*

**Preferred Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Sex**

Male

Female

**Home Address** \_\_\_\_\_

*Street*

*City*

*State*

*Zip*

**Non-refundable Registration Fee: \$75**

• Birthday cutoff August 1

• Must be toilet trained for 3 and 4 year programs

**2 Year Old** \_\_\_\_\_

Tuesday 9:00am - NOON

Thursday 9:00am - NOON

Friday 9:00am - NOON

**3 Year Old** \_\_\_\_\_

Tues/Thurs 9:00am - NOON

Mon/Wed 9:00am - NOON

Tues/Thurs 9:00am - 3:00pm

**4 Year Old** \_\_\_\_\_

Mon/Wed/Fri 9:00am - NOON

Mon/Wed/Fri 9:00am - 3:00pm

Mon-Fri 9:00am - NOON

Mon-Fri 9:00am - 3:00pm

**Extended Care Options**

\_\_\_\_\_ **Before Care:** Monday-Friday 7:00am-9:00am

\_\_\_\_\_ **After Care:** Monday-Friday 3:00pm-5:00pm

**Mother**

**Father**

Name \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_

Occupation/Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Parent's Marital Status \_\_\_\_\_

Child Lives with \_\_\_\_\_

**Are you a member of a church?**

Yes

No

If so, where? \_\_\_\_\_

Siblings	Brothers		Sisters	
	Brothers	Age	Sisters	Age
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

*In the event of an emergency, I give permission for Grace Lutheran School to obtain medical attention for my child.*

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Emergency Contact** *\*other than parents*

Name	Phone	Relationship to Child	Permission to Pick up
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signed \_\_\_\_\_ Date \_\_\_\_\_

Allergies and/or Medical Conditions *(See for additional form for emergency medication)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tell us about your child (Example: Likes, Dislikes, Strengths)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Where did you hear about us?**

Friend \_\_\_\_\_ Newspaper \_\_\_\_\_ Flyer \_\_\_\_\_

Website \_\_\_\_\_ Facebook \_\_\_\_\_ Other \_\_\_\_\_