



**2021 -2022  
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 and Thursday 9:00am - NOON OR Monday and Wednesday 9:00am - NOON

**Option B:** Meets two days a week

Monday and Wednesday 9:00am-3:00pm OR Tuesday and Thursday 9:00am-3:00pm

*Morning class plus afternoon enrichment*

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

**Option A:**

Class meets three days a week

**AM-** Monday, Wednesday and Friday 9:00am – NOON  
**OR**

**PM-** Monday, Wednesday and Friday 12:30pm – 3:30pm

**Option C:**

Class meets five days a week

Monday - Friday 9:00am - NOON

**Option B:**

Class meets three days a week

Monday, Wednesday and Friday 9:00am - 3:00pm  
*Morning class plus afternoon enrichment*

**Option D:**

Class meets five days a week

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

*Morning class plus afternoon enrichment*

***Non-refundable registration fee \$75.00.***

**Yearly Tuition**

	<b>Yearly Tuition</b>	<b>Monthly</b>	<b>Semester</b> <i>Due 9/15 and 1/15</i>	<b>Full Year Payment</b> <i>(Discount) Due 8/15</i>
<b>2's</b>	\$765	\$85	\$382.50	\$742
<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>	\$2,565	\$285	\$1,282.50	\$2,488
<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 August 15th*

*Payments due in the payment box by the 15th of each month. \$10.00 late fee if paid after the 15th 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

**\$10 per Session**

• First come, first serve basis • 18 Students allowed

**Open Enrollment Begins January 19, 2021**





1787 Klerner Lane New Albany, IN 47150  
 www.gracelutheran.school  
 Phone: 812-941-1912 • Fax: 812-941-9884



## 2021-2022 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**

\_\_\_\_\_

Mon/Wed 9:00am - NOON

\_\_\_\_\_

Tues/Thurs 9:00am - NOON

\_\_\_\_\_

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

\_\_\_\_\_

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

**4 Year Old**

\_\_\_\_\_

**AM**-Mon/Wed/Fri 9:00am - NOON

\_\_\_\_\_

Mon-Fri 9:00am - NOON

\_\_\_\_\_

**PM**-Mon/Wed/Fri 12:30pm-3:30pm

\_\_\_\_\_

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

\_\_\_\_\_

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	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 \_\_\_\_\_

