



**2022 -2023
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

Option B:

Class meets three days a week

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

Morning class plus afternoon enrichment

Non-refundable registration fee \$75.00.

Yearly Tuition

	Yearly Tuition	Monthly	Semester <i>Due 9/15 and 1/15</i>	Full Year Payment <i>(Discount) Due 8/15</i>
2's	\$900	\$100	\$450	\$873
3's: Option A	\$1,350	\$150	\$675	\$1,310
3's: Option B	\$1,935	\$215	\$967.50	\$1,877
Pre-K 4's: Option A	\$1,665	\$185	\$832.50	\$1,615
Pre-K 4's: Option B	\$2,565	\$285	\$1,282.50	\$2,488

First payment due August 15th

Payments due in the payment box by the 15th of each month. \$20.00 late fee if paid after the 15th of the month.

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

2's	\$40
3's: Option A	\$70
3's: Option B	\$85
Pre-K 4's: Option A	\$80
Pre-K 4's: Option B	\$100

Before Care

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

\$10 per Session

• First come, first serve basis • 18 Students allowed

Open Enrollment Begins January 25, 2022



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 www.gracelutheran.school
 Phone: 812-941-1912 • Fax: 812-941-9884
 Email: info@gracelutheran.school



2022-2023 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		
<ul style="list-style-type: none"> • 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/Wed/Fri 9:00am - 3:00pm

Extended Care Option
 _____ **Before Care:** Monday-Friday 7:00am-9:00am

	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	
	Age		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 _____

