

PEACE LUTHERAN PRESCHOOL AND DAYCARE
2008-2009 REGISTRATION / FEE CONTRACT

\$100 Registration Fee
Rec'd: Date _____
[] Check # _____
[] Cash

Date _____

Student's Name _____ Birth date _____

Student's Address _____ Zip _____

Home Phone _____

Mother's Name _____ Cell Phone _____

Father's Name _____ Cell Phone _____

Student lives with: [] Both parents [] Mother [] Father
[] Other (specify) _____

Please indicate your needs **based on your child's age on September 1, 2008:**

<input type="checkbox"/> Infant Room	<input type="checkbox"/> Transition Room (10 – 17 months)
<input type="checkbox"/> Toddler (18 months – 23 months)	<input type="checkbox"/> 2 days per week (Tues & Thurs)
<input type="checkbox"/> Nursery School (2 years old)	<input type="checkbox"/> 3 days per week (Mon, Wed, & Fri)
<input type="checkbox"/> Preschool (3 years old)	<input type="checkbox"/> 5 days per week
<input type="checkbox"/> Pre-Kindergarten (4 years old)	<input type="checkbox"/> Kindergarten (5 years old) (5 days/wk)
<input type="checkbox"/> My child will also stay for extended hours on a regular basis. Our expected needs are: Arrival Time: _____ Departure Time: _____ <input type="checkbox"/> UNKNOWN AT THIS TIME	
<input type="checkbox"/> My child will be a year-round (12 months/year) student who will stay at least 4 ½ hours beyond class daily.	
<input type="checkbox"/> My child will be a school-year-only-student who will stay at least 4 ½ hours beyond class daily.	

I plan to pay the school tuition (ages 18 months and older) on the following schedule:

1 payment due August 15, 2008 [] 3 payments due August 15, November 15 & February 15
[] 10 payments due the 15th day of each month from August, 2008 through May 2009.

Please Initial:

- _____ I understand that the **non-refundable** \$100.00 Registration Fee is required to guarantee a place for my child.
_____ I understand that the Curriculum and Consumables Fee is **non-refundable**.
_____ I understand that my payment schedule will be based on my selections above.
_____ I understand that a \$25 late fee will be applied to any payments not made on time.
_____ I understand that a \$35 fee will be charged for any returned check.
_____ I understand that late charges of **\$2.00 PER MINUTE** will be charged for pick-up after 6:30 p.m.
_____ I understand that my child can be dropped from the school if payment is not made within 30 days of the due date.

Name (printed) _____

Signature: _____ Date: _____