

Grace Preschool

Grace Lutheran Church
709 Main Street, Vestal, NY 13850

Child's Name _____ Girl Boy

Date of Birth _____ Class: Toddler Time 2-day 3-day
(Toddler Time: 18 months+, 2-day: must be 3 by December 1st, 3-day: must be 4 by December 1st)

Address (with City) _____

Parents' Names _____

Phone Numbers: Home _____ Work _____ (Mom or Dad)

Person responsible for tuition payments (if different than parents):

Name _____

Address (with City) _____

Phone Number of person responsible for tuition payments _____

E-mail address (optional--for registration confirmation) _____

I hereby apply for admission of my child to Grace Preschool.

(Parent/Guardian Signature)

(Date)

PLEASE MAIL THIS FORM WITH A \$25.00 (\$20.00 BEFORE MARCH 1ST) NON-REFUNDABLE REGISTRATION FEE PLUS 1/2 OF FIRST MONTH'S TUITION (NON-REFUNDABLE) TO:

**Grace Lutheran Preschool
709 Main Street
Vestal, NY 13850**

Please make check payable to: **Grace Lutheran Preschool**

Please check here if you are interested in information from Grace Lutheran Church.

Tuition Rates for 2010-2011:

Toddler Time: \$20.00/month

2-day Class: \$80.00/month

3-day Class: \$98.00/month

How did you hear of our programs? _____