



1787 Klerner Lane New Albany, IN 47150
 Phone: 812-941-1912 • Fax: 812-941-9884
 www.gracelutheran.school
 Facebook: Grace Lutheran School
 Office Hours: Monday - Friday 7:00 a.m.-5:00 p.m.

Preschool Registration School Class Schedule

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

Meets one day a week • Tuesday 9:00 a.m. - 12:00 noon OR Thursday 9:00 a.m. - 12:00 noon

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

Meets two days a week • Tuesday 9:00 a.m. - 12:00 noon and Thursday 9:00 a.m. - 12:00 noon

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

Option A:

Class meets three days a week 9:00 a.m. - 12:00 noon
 Monday, Wednesday, Friday half day

Option B:

Class meets three days a week 9:00 a.m. - 3:00 p.m.
 Monday, Wednesday, Friday full day

Option C:

Class meets five days a week 9:00 a.m. - 12:00 noon
 Monday, Tuesday, Wednesday, Thursday, Friday half day

Option D:

Class meets five days a week 9:00 a.m. - 3:00 p.m.
 Monday, Tuesday, Wednesday, Thursday, Friday full day

Non-refundable registration fee for half day students is \$50.00, full day students \$100.00 due at time of registration.

Yearly Tuition

	Annual Cost	Monthly Installment	Full Year Payment (Discount)
2's	\$630	\$70	\$610
3's	\$1,170	\$130	\$1,135
Pre-K 4's: Option A	\$1,395	\$155	\$1,355
Pre-K 4's: Option B	\$2,295	\$255	\$2,225
Pre-K 4's: Option C	\$2,025	\$225	\$1,965
Pre-K 4's: Option D	\$3,555	\$395	\$3,445

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

Please refer to your tuition chart to determine your activity and supply fee.

2's	\$40.00
3's	\$70.00
Pre-K 4's: Option A	\$80.00
Pre-K 4's: Option B	\$100.00
Pre-K 4's: Option C	\$90.00
Pre-K 4's: Option D	\$125.00

Activity and Supply Fee due by September 1.

Before and After Care

First come, first serve basis • 18 Students allowed

Before Care Monday - Friday 7:00 a.m. - 9:00 a.m.

After Care After Care Monday - Friday 3:00 p.m. - 5:00 p.m.

Cost - \$8.00 per session



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2017-2018 Registration

Date _____

Child's Name _____
First Middle Last

Preferred Name _____

Home Address _____
Street

City State Zip

Date of Birth _____ **Sex** Male Female

Non-refundable Registration Fee: Half Day Program \$50 • Full Day Program \$100

- Birthday cutoff August 1 (2 by August 1, 3 by August 1, 4 by August 1)
- Must be toilet trained for 3 and 4 year programs

2 Year Old _____	Tuesday 9:00am-12:00pm	Thursday 9:00am-12:00pm
3 Year Old _____	Tues/Thurs 9:00am-12:00pm	Before Care 7:00am-9:00am
4 Year Old _____	Mon/Wed/Fri 9:00am-12:00pm	Mon/Wed/Fri 9:00am-3:00pm
_____	Mon-Fri 9:00am-12:00pm	Mon-Fri 9:00am-3:00pm
_____	Before Care 7:00am-9:00am	After Care 3:00pm-5:00pm

Mother's Name _____

Address _____

Cell Phone _____ Home Phone _____ Work Phone _____

Email _____ Occupation/Employer _____

Father's Name _____

Address _____

Cell Phone _____ Home Phone _____ Work Phone _____

Email _____ Occupation/Employer _____

Parent's Marital Status _____

Child Lives with _____ Mom and Dad _____ Mom _____ Dad
 _____ Other _____

