



ST. PETER'S LUTHERAN PRESCHOOL

310 East Division Street
Rockford, Michigan 49341
(616) 866-3700

preschoolstpeters@yahoo.com
Deborah Street, Director

REGISTRATION FORM

Child's Name _____ Date of birth _____
(Last) (First)

Name to be used at school _____ Male _____ Female _____ Age at start of school _____

Street Address _____

City _____ State _____ Zip Code _____

Parents' Names _____ Phone # to contact you: _____

E-mail _____

INDICATE THE PROGRAM SCHEDULE IN WHICH YOU WISH TO ENROLL YOUR CHILD (USE 1, 2, AND 3 TO INDICATE PREFERENCE)

Three-Year-Old Classes

_____ Mon/Wed 9:00-11:30 am (\$115/month)

_____ Tues/Thurs 9:00-11:30 am (\$115/month)

_____ Tues/Thurs 12:30-3:00 pm (\$115/month)

Four-Year-Old Classes

_____ Mon/Wed/Fri 9:00-11:30 am (\$140/month)

_____ Mon/Wed/Fri 12:30-3:00 pm (\$140/month)

_____ Tues/Thurs 9:00-11:30 am (\$115/month)

_____ Tues/Thurs/Fri 12:30-3:00 pm (\$140/month)

Kindergarten Program

_____ Mon/Wed/Fri 9:00-11:30 am (\$150/month)

_____ Mon/Wed/Fri 12:30-3:00 pm (\$150 /month)

Young Three's

_____ Friday 9:00-11:30 am (\$70/month)

Has your child attended preschool or day care previously? _____ Yes _____ No

If so, name of preschool or day care center _____

How did you hear about St. Peter's Lutheran Preschool? _____

Date _____

(Parent's Signature)

Please return this form with a \$50 non-refundable registration fee, to:
First month's tuition is due August 15th to secure your spot in the fall for the upcoming school year.

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