

Church Preschool
29036

Mt. Horeb Lutheran
Post Office Box 8
Chapin, South Carolina

We are now accepting applications for the 2011-2012 school year.

Since applications will be accepted on a first-come basis, it is important that the Enrollment Record be returned as soon as possible to guarantee a space for your child. A non-refundable registration fee of \$100.00 per family (\$75 for church members) MUST accompany this enrollment record.

We are giving church members and currently enrolled student's first chance at registration. On March 1st registration will be open to the general public, so it is important that you return your application and registration fee as soon as possible to ensure a place for your child.

Tuition and supply fees are outlined below. Each child is provided accident insurance coverage. The cost of the policy is included in the registration fee and the insurance will become effective on the first day of the school year. Your registration also covers program and activity fees, Fun Day, Patchwork Players performance, etc.

Mt. Horeb Preschool is a ministry of Mt. Horeb Lutheran Church and does not discriminate on the basis of race or religious affiliation.

Schedule of Fees

Registration Fee (Due with enrollment Record) \$100.00 (\$75 for church members)

Supply Fee: (Pay $\frac{1}{2}$ with Sept. tuition, the remainder is due with Jan. tuition)

2 Days	\$60.00
3 Days	\$70.00
4 Days	\$80.00

Tuition:

Two Year Olds (2 Days)	\$100.00 (Sept. - May)
Three Year Olds (3 Days)	\$115.00 (Sept. - May)
Three & Four Year Olds (4 Days)	\$130.00 (Sept. - May)

MT. HOREB PRESCHOOL ENROLLMENT RECORD

PLEASE CHECK APPROPRIATE CLASS:

DATE:_____

- | | |
|---|--|
| <input type="checkbox"/> Four Year old Class | <input type="checkbox"/> 4 Days (Mon.-Thurs.) |
| <input type="checkbox"/> Three Year Old Class | <input type="checkbox"/> 4 Days (Mon.-Thurs.) |
| <input type="checkbox"/> Three Year Old Class | <input type="checkbox"/> 3 Days (Mon. Tues. Wed.) <u>Limited to 8 children</u> |
| <input type="checkbox"/> Two Year Old Class | <input type="checkbox"/> Mon./Wed. <input type="checkbox"/> Tues./Thurs. |

Class Assignments are at the discretion of the Director and cannot be guaranteed. Your preferences will be given special consideration and you will be notified August 1st with your child's class assignment.

CHILDREN MUST BE THE AGE OF THE CLASS THEY ARE ENTERING, ON OR BEFORE
SEPTEMBER 1st.

NAME:_____NICKNAME:_____GIRL(____) BOY(____)

ADDRESS:_____

_____ (Street/Route) (City/State) (Zip)

DATE OF BIRTH:_____

HOME PHONE:_____

E-MAIL ADDRESS:_____

PARENT OR GUARDIAN INFORMATION

FATHER'S

NAME:_____

OCCUPATION:_____

BUSINESS PHONE, CELL PHONE:_____

MOTHER'S NAME:_____

OCCUPATION:_____

BUSINESS PHONE, CELL PHONE:_____

BROTHERS/SISTERS: (NAMES AND AGES)

(1)_____ (2)_____ (3)_____

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ARE YOU ACTIVELY INVOLVED IN A LOCAL CONGREGATION?_____