

Grace Garden

P R E S C H O O L

10201 W. 127th Street Overland Park, KS 66213
913-239-9787

Enrollment Application September 2018 – May 2019

Date Received _____ Registration Fee \$70 _____ Sept. tuition payment & snack fee
NON-REFUNDABLE due **Aug. 1** to hold place in class.

Child's First Name _____ Last Name _____

Date of Birth _____ Boy _____ Girl _____

Father's Name _____ Mother's Name _____

Address _____ Address (if different) _____

City/Zip _____ City/Zip _____

Phone: Home _____ Home _____

Cell _____ Cell _____

Main contact E-mail _____

PRESCHOOL CLASSES

Please select preferred days/times:

9:00AM-11:30AM Tuition

Three Year Old Class (must be 2 1/2 yrs. old)

Tues/Thurs _____ \$135/month

Mon/Wed/Fri _____ \$175/month

Four Year Old Class (must be 3 by Aug. 31st)

Tues/Thurs _____ \$135/month

Mon/Wed/Fri _____ \$175/month

Monday-Friday _____ \$260/month

Pre-K (must be 4 yrs. by Aug. 31st)

Tues/Thurs _____ \$135/month

Mon/Wed/Fri _____ \$175/month

Monday-Friday _____ \$260/month

12:15PM-2:45PM (Afternoon Class)

Pre-K (must be 4 yrs. by Aug. 31st)

Mon-Thurs _____ \$200/month

Preschool Day Extended

11:30AM – 1:00PM

____ Mon ____ Tues ____ Wed ____ Thurs

(Minimum 4 students per class for extended)

1 day per week _____ \$30/month

2 days per week _____ \$60/month

3 days per week _____ \$90/month

4 days per week _____ \$120/month

\$35 Annual snack fee due with first month's tuition

- I agree to pay the September tuition by August 1st and the October through May tuition payments will be paid no later than the 10th of each month.
- I understand a paid 30-day written notice must be given to withdraw my child.
- I understand that the Health Assessment Form and Emergency Authorization Form must be on file in the preschool office by August 1st.

Parent Signature

Date