

St. Peter Lutheran Preschool

17052 24 Mile Road Macomb, MI 48042

(586) 781-9296 Ext. 131

St. Peter Lutheran Preschool is operated by St. Peter Lutheran Church in Macomb, MI. The Preschool was established to provide a Christ-centered environment in which young children can grow and develop spiritually, physically, intellectually, emotionally, and socially.

St. Peter Lutheran Preschool offers state certified preschool programs, staffed by caring Christian teachers and paraprofessionals.

Our class offerings are as follows:

Class	Age Requirement	Day/Time	Tuition
3 yr (Parent/Child class)	3 before Feb. 1 st	Friday 9:00am – 11:00 am	\$450/year
3 yr	3 before Dec. 1 st	Mon/Wed 8:30am – 10:30 am Mon/Wed 12:15 pm-2:15 pm Tues/Thur 8:30am – 10:30 am Tues/Thur 12:15 pm-2:15 pm	\$765/year
4 yr	4 before Dec. 1 st	Tues/Thur 8:30am - 11:00am Tues/Thur 12:15pm – 2:45 pm	\$900/year
4 yr	4 before Dec. 1 st	Mon/Wed/Fri 8:30 am – 11:00 am Mon/Wed/Fri 12:15 pm – 2:45 pm	\$1080/year
5 yr	5 before Feb. 1 st	Mon - Thur 8:15 am – 11:00 am Mon –Thur 12:00 noon – 2:45 pm	\$1530/year

To register, please fill out the Preschool Enrollment Application. A non-refundable \$110 registration fee for new enrollees or \$80 for returning students must accompany your application. Checks should be made payable to: St. Peter Lutheran Preschool.

Applications for preschool for the fall of 2009 will be accepted from members of St. Peter Lutheran Church beginning March 4, from 8:00 am – 9:00 am in the lobby by the preschool classrooms. Non-member registration will begin at 8:00 am on Wednesday, March 11. Applications turned in after 9:00 a.m. will be accepted in the day-school office. Acceptance letters will be mailed by April 15, 2009.

If you have any questions, please call Char Hohnstadt, Director, at (586) 782-9296

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Date _____
Registration Fee _____
Cash/Check # _____

PRESCHOOL ENROLLMENT APPLICATION

(A non-refundable registration fee of \$110.00 for new enrollments or \$80.00 for returning students is due at the time of registration)

My child is: new enrollment (\$110) OR returning student (\$80)

I would like to enroll my child in the following program:

3 year old classes:

- | | |
|--|---|
| <input type="checkbox"/> M/W (8:30 – 10:30 am) | <input type="checkbox"/> T/TH (8:30 – 10:30 am) |
| <input type="checkbox"/> M/W (12:15 – 2:15 pm) | <input type="checkbox"/> T/TH (12:15 – 2:15 pm) |
| <input type="checkbox"/> F Shining Stars Parent/Child Class (9:00 am – 11:00 am) | |

4 year old classes

- | | |
|---|---|
| <input type="checkbox"/> MWF (8:30 - 11:00am) | <input type="checkbox"/> T/TH (8:30 – 11:00am) |
| <input type="checkbox"/> MWF (12:15 – 2:45 pm) | <input type="checkbox"/> T/TH (12:15 – 2:45 pm) |
| <input type="checkbox"/> Young Fives Program M-Th (8:15 – 11:00 am) | |
| <input type="checkbox"/> Young Fives Program M-Th (12:00 – 2:45 pm) | |

Student Information

_____ Male Female

_____ Last Name First Middle Birthdate: _____

_____ Street Address

_____ City State Zip Code Phone Number

What name would you like us to use at school? _____ first OR _____ NickName

Are you currently members at St. Peter? Yes No

If not, what church do you attend? _____

Has your child been baptized? No Yes Date: _____

Who does your child live with? Both parents Mother Father Other

Please list all the siblings in the home: _____

_____	_____	_____
Father's name	Address	Occupation
_____	_____	_____
Mother's name	Address	Occupation

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MEDICAL INFORMATION

Allergies: _____

Please list any physical conditions that may limit your child's participation at school:

Is your child experiencing any problems with hearing or vision? _____

Any speech concerns: _____

Does your child have tubes in his/her ears: Yes _____ No _____

List any other information regarding your child's health: _____

GENERAL INFORMATION

Has your child previously attended preschool? Yes _____ No _____

Where: _____

If your child has experienced any previous difficulty in school, please note the source and nature of the problem:

Please list the school district your child resides in: _____

How did you find out about our school? _____

Reason for applying: _____

Signature of Parent/Guardian

Date