## **GOOD SHEPHERD PRESCHOOL**

St. James Lutheran Church 8945 Stebbins Street Montague, MI 49437 894-8471

goodshepherdpreschoolmontague@gmail.com

## **PRESCHOOL REGISTRATION**

Student Name:	Date of Birth:	
Parents:		
Address:		
Mother's Phone and E-Mail:		
Father's Phone and E-Mail:_		
	CT ONE 4-5 year olds (must be 4 by Sept. 1) 3-4 year olds (must be 3 by Sept. 1)	
BASIC ADMISSION REQUIREMENTS  A <u>non-refundable</u> \$100 deposit is due with the registration form to secure a place for your child. No place will be held without the deposit.		
-	d immunization record are due prior to the e of Michigan, children are not allowed to d and turned in to the teacher.	-
are due the first of each month	al monthly payments, September-May. Tu , with the exception of the September and eacher Orientation in August. Tuition may	d May payments
	ed to your first month's tuition. The baland blied from deposit) and the last month's tu late August.	
	t to: St. James Lutheran Church line: Good Shepherd Preschool	
Parent Signature		

If you have any questions or would like more information, contact Marilee Bailey.

Phone: 894-8471 E-mail: goodshepherdpreschoolmontague@gmail.com