GOOD SHEPHERD PRESCHOOL

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

goodshepherdpreschoolmontague@gmail.com

PRESCHOOL REGISTRATION

Student Name:	ame: Date of Birth:			
Parents:				
Address:				
Mother's Phone and E-Mail:_				
Father's Phone and E-Mail:				
	T ONE 4-5 year olds (must be 4 by Sept. 1) 3-4 year olds (must be 3 and fully p by Sept. 1)			
BASIC ADMISSION REQUIRE A non-refundable \$100 deposition your child. No place will be held	it is due with the registration form to sec	cure a place for		
•	immunization record are due prior to the of Michigan, children are not allowed to and turned in to the teacher.	•		
TUITION Tuition is divided into nine equal Tuition payments are due the fill Tuition may be paid in full by Se				
\$60 of the registration deposit v	vill be applied to your first month's tuitio	n.		
	to: St. James Lutheran Church			
Memo li	ine: 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