

**IMMANUEL-ST. JAMES LUTHERAN PRESCHOOL
2010-2011 TUITION CONTRACT**

Office Use Only
Date Paid _____
Time Paid _____
Amount Paid _____
Check# _____

Home Address:

Parent/Guardian _____

Address _____

City _____ Zip _____

Phone: (Home) _____

(Email) _____

Student Name _____

Birth Date _____ Age _____

Male _____ Female _____

Members of _____ Church

Denomination _____

TUITION:

2 days - \$895.00 3 days - \$1150.00

PAYMENT OF FEES:

At the time of enrollment, a \$55.00 per family non-refundable deposit is required. Tuition is payable in one of the following manners:

_____ In full on or before July 20. This option entitles you to a 3% discount.

_____ In two installments, due on July 20 and December 20

_____ In 10 monthly installments, due on the twentieth of each month July through April.

*A 10.00 late fee will be charged monthly if the tuition payment is not received in the school office by ten days following the due date.

*Any checks returned for NSF (Non-Sufficient Funds) will be charged a \$25.00 fee.

***All enrollment forms and payments made by check or money order may be brought to the school office or mailed to:** Immanuel- St. James Lutheran School

2066 Oakwood Ave. NE
Grand Rapids, MI 49505

Immanuel-St. James Lutheran Preschool admits students of any race, color, national or ethnic origin. All students are entitled to the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of its policies, admission policies, scholarship program, athletic and other school-administered programs.

DECLARATION OF PARENTS

We have read and understand the tuition contract and payment policy of Immanuel-St. James Lutheran Preschool. With this understanding, we wish to enroll our sons(s)/daughter(s) _____ for the 2010/2011 school year.

Signature of Parents(s) _____ Date _____

Bill To:

Name _____

Address _____

City _____ Zip _____

Father's Name _____

Mother's Name _____

CLASS CANCELLATION

We reserve the right to cancel a class if a minimum of 10 students are not enrolled in the session.

Withdrawal Procedure:

If tuition has been paid in full and student withdraws by:

August 15: 90% refund shall be made

September 15: 70% refund shall be made

October 15: 50% refund shall be made

If a student withdraws after October 15, no refund shall be made.

Month by month tuition is non-refundable.

Tuition will be billed 30 days from the date of written notification to ISJ.

CLASS SESSION:

Please indicate a first (1) and a second (2) choice of sessions.

Morning:

8:30 am – 11:00 am 4 & 5 year-olds MWF _____

3 and early 4 year-olds T TH _____

Afternoon:

12:15 pm – 2:45 pm 4 & 5 year-olds MWF _____

