



Lawton Preschool Program

100 Primary Way
Lawton, MI
49065
(269) 624-7556
Summer: 624-7179

Teacher: Anne Wokeck awokeck@lawtoncs.org

Tuition Preschool Registration Form

Child's Name: _____

Parent's Names: _____

Address: _____

(Include City, State, and Zip Code)

Home Phone: _____

Mom's Cell Phone: _____ Dad's Cell Phone: _____

E-mail Address: _____

Please Indicate Below the Program You are Interested In:

_____ Monday, Wednesday and Friday: 8:00-11:00 am
4 Year Old Program (Child must be 4 by October 1st)

_____ Tuesday and Thursday: 8:00-11:00am
3 Year Old Program (Child must be 3 by October 1st)

To Register: Please mail this form and a \$15.00 Registration fee to the director:

Kim Emmert (Lawton Preschool)
415 S. Hamilton St.
Lawton, MI 49065

When the Lawton Preschool Program receives your registration fee and enrollment form, your child will officially be enrolled in the program and will receive an enrollment packet. Programs are planned to run as listed above, but are subject to change based upon enrollment. Lawton Preschool Program will notify you as soon as possible if any changes or additional programs are offered. The \$15.00 enrollment fee is non-refundable. Classes start to fill as early as March each year, on a first come, first serve basis.

Signature: _____

Date: _____

(Tuition Information On The Reverse Side)

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Tuition Schedule and Agreement

Fees and Tuition

A \$15.00 registration fee is required to enroll your child in the Lawton Preschool Program. The registration fee is once a year, and is non-refundable. The fee holds your child's slot in the class.

Tuition:

Tues/Thurs Program (3 Year Old Class)	\$963.00
Tues/Thurs Non-Potty Trained (3 Year Old Class)	\$1,021.50
Mon/Wed/Fri Program	\$1,440.00

*****Installments are due the first week of each month.*****

Tues/Thurs	\$107.00 per month
Tues/Thurs Non-Potty Trained	\$113.50 per month

Mon/Wed/Fri	\$160.00 per month
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Payment Agreement:

I, _____, agree to make monthly payments for my child to stay enrolled in the Lawton Preschool Program for the duration of the contracted year. If my payments are not kept to date, and I fall more than one month behind, my child will become exempt from the program.

Signature: _____

Date: _____