



For office use only:

Date _____ Payment _____

FDOS _____ LDOS _____

5810 3rd Street Katy, Texas 77493
(281) 391-0172 Fax (281) 391-7579
www.mlckaty.com

REGISTRATION 2024-2025 Today's date ____/____/____ Child's age as of August 1, 2024 ____yrs. ____ months

Please enroll my child _____ Gender: M or F TShirt size: 2T 3T 4T 5T 6T
(Child's first and last name) (Child's birthdate)

Child's home address _____ city _____ state _____ zip code _____

Father's name: _____ Father's cell: _____

Father's email: _____

Mother's name: _____ Mother's cell: _____

Mother's email: _____

Please designate a **family code word** so that account information may be discussed: _____

Please place an X in the appropriate program box for which you are requesting enrollment (monthly rates listed below):

Toddler Program (18 mos by 8/01/2024)	9AM-12PM	9AM-2:30PM
Tuesday/ Thursday	<input type="checkbox"/> \$195	<input type="checkbox"/> \$290
Monday/ Wednesday/ Friday	<input type="checkbox"/> \$255	<input type="checkbox"/> \$400
Monday through Friday	<input type="checkbox"/> \$400	<input type="checkbox"/> \$600

Twos Program (2 years by 09/01/2024)	9AM-12PM	9AM-2:30PM
Tuesday/ Thursday	<input type="checkbox"/> \$195	<input type="checkbox"/> \$290
Monday/ Wednesday/ Friday	<input type="checkbox"/> \$255	<input type="checkbox"/> \$400
Monday through Friday	<input type="checkbox"/> \$400	<input type="checkbox"/> \$600

Threes Program (3 years by 09/01/2024)	9AM-12PM	9AM-2:30PM
Tuesday/ Thursday	<input type="checkbox"/> \$195	<input type="checkbox"/> \$290
Monday/ Wednesday/ Friday	<input type="checkbox"/> \$255	<input type="checkbox"/> \$400
Monday through Friday	<input type="checkbox"/> \$400	<input type="checkbox"/> \$600

Fours Program (4 years by 09/01/2024)	9AM-12PM	9AM-2:30PM
Tuesday/ Wednesday/ Thursday	<input type="checkbox"/> \$265	<input type="checkbox"/> \$420
Monday through Thursday	<input type="checkbox"/> \$320	<input type="checkbox"/> \$485
Monday through Friday	<input type="checkbox"/> \$405	<input type="checkbox"/> \$605

Four/Five Program (5 years by 12/31/2024) Kickstart to Kinder	9AM-12PM	9AM-2:30PM
Monday through Friday	N/A	<input type="checkbox"/> \$675

MEMORIAL LUTHERAN PRESCHOOL 2024-2025 TUITION and FEE SCHEDULE ACKNOWLEDGEMENT

Please read each statement and check each box:

- ☐ I understand that the \$200 Registration Fee per child is non-refundable.
- ☐ I understand that the \$200 non-refundable Registration Fee secures a spot for my child for the 2024-2025 school year.
- ☐ Tuition rates are based on an annual tuition paid over 10 months in 10 equal payments.
- ☐ I understand that a non-refundable tuition deposit equal to one month's tuition payment is due by July 1, 2024 or agreed upon date if registering late. This tuition deposit may be applied to May 2025 tuition only.
- ☐ I understand a non-refundable \$30 curriculum fee is due with the tuition deposit by July 1, 2024 or agreed upon date if registering late.
- ☐ I understand that my child must be current on all vaccinations as required by the Texas Department of State Health Services. More detailed information regarding immunizations may be found at <https://www.dshs.texas.gov/immunize/>. It is MLP's policy **not** to accept the State of Texas Exemption from Immunizations.
- ☐ I understand that tuition payments are due on the 1st of each month. A \$25 late fee will be assessed for payments received after the 10th of each month.
- ☐ I understand that a \$40 fee will be assessed for payments resulting in insufficient funds.
- ☐ I understand that additional enrollment forms are required to complete my child's enrollment for the 2024-2025 school year. These forms will be available on the school website and must be turned in to the school office by Wednesday, June 12th to secure my child's enrollment or agreed upon date if registering late.

By my signature below, I acknowledge I have read the 2024-2025 Tuition and Fee Schedule Acknowledgement and understand that I am accountable for the amounts and due dates as they are applicable to my child(ren). Furthermore, should I fail to follow the Tuition and Fee Schedule's due dates, I understand that the appropriate late fees will be assessed to my account and/or my child will be withdrawn from the program.

Parent/Guardian's Signature

Date

(Print Name)

One Tuition Express form per family



*Automated Payment Processing
Safe – Convenient – Easy*

We are excited to offer the safety, convenience and ease of Tuition Express- a payment processing system that allows secure payments to be made from your credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CREDIT CARD

*****MasterCard or Visa only*****

I (we) hereby authorize Memorial Lutheran Preschool to initiate credit card charges to the below-referenced credit card account. This is an authorization for a one-time payment of non-refundable registration fees for my child(ren) of \$200 per child.

Cardholder Name

Phone #

Cardholder Address

City

State

Zip

Account Number

Expiration Date

3 digit security code

Cardholder Signature

Date