



MEMORIAL
LUTHERAN PRESCHOOL
Growing in God - Learning in Love
Connecting Families to Christ

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

Scan and email form to: psadmin@mlckaty.com

Returning Student **New Student**

REGISTRATION 2026-2027

Today's date ____ / ____ / ____ Child's age as of August 1, 2026 ____ yrs. ____ months

Please enroll my child _____ / ____ / ____ Gender: M or F T-Shirt 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 8/01/2026)	8:50AM-12PM	8:50AM-2:45PM
Tuesday/ Thursday	<input type="checkbox"/> \$210	<input type="checkbox"/> \$315
Monday/ Wednesday/ Friday	<input type="checkbox"/> \$275	<input type="checkbox"/> \$430
Monday through Friday	<input type="checkbox"/> \$430	<input type="checkbox"/> \$645

Twos Program (2 years by 09/01/2026)	8:50AM-12PM	8:50AM-2:45PM
Tuesday/ Thursday	<input type="checkbox"/> \$210	<input type="checkbox"/> \$315
Monday/ Wednesday/ Friday	<input type="checkbox"/> \$275	<input type="checkbox"/> \$430
Monday through Friday	<input type="checkbox"/> \$430	<input type="checkbox"/> \$645

Threes Program (3 years by 09/01/2026)	8:50AM-12PM	8:50AM-2:45PM
Tuesday/ Thursday	<input type="checkbox"/> \$215	<input type="checkbox"/> \$335
Monday/ Wednesday/ Friday	<input type="checkbox"/> \$280	<input type="checkbox"/> \$460
Monday through Friday	<input type="checkbox"/> \$440	<input type="checkbox"/> \$660

Fours Program (4 years by 09/01/2026)	8:50 AM-12PM	8:50AM-2:45PM
Tuesday/ Wednesday/ Thursday	<input type="checkbox"/> \$295	<input type="checkbox"/> \$485
Monday through Thursday	<input type="checkbox"/> \$355	<input type="checkbox"/> \$585
Monday through Friday	<input type="checkbox"/> \$445	<input type="checkbox"/> \$695

Four/Five Program (5 years by 12/31/2026) Kickstart to Kinder	8:50 AM-12PM	8:50AM-2:45PM
Monday through Friday	N/A	<input type="checkbox"/> \$715

MEMORIAL LUTHERAN PRESCHOOL 2026-2027 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 2026-2027 school year.
- Tuition rates are based on **an annual tuition 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, 2026 or agreed upon date if registering late. This tuition deposit may be applied to May 2027 tuition only.
- I understand a non-refundable \$30 curriculum fee is due with the tuition deposit by July 1, 2026 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 a credit card convenience fee of 3% will be applied to all transactions. This fee is charged to cover the processing costs associated with credit card/debit payments. Please note that this fee does not apply to other payment forms such as cash or ACH transactions.
- I understand that additional enrollment forms are required to complete my child's enrollment for the 2026-2027 school year. These forms will be available on the school website and must be turned in to the school office by **Wednesday, May 20, 2026** to secure my child's enrollment or agreed upon date if registering late.

By my signature below, I acknowledge I have read the 2026-2027 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)



Automated Payment Processing Safe – Convenient – Easy

One Tuition Express form per family

Check this box to charge payment method on file for 26-27 registration fee.

Signature: _____

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

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

COMPLETE ONE SECTION ONLY

We only accept MasterCard or Visa
(3% Convenience Fee, No fees for ACH)

SECTION A (Credit Card)

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____ Zip _____

Account Number _____ Expiration Date _____ CVV _____

Cardholder Signature _____ Date _____

SECTION B (Bank Account)

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____ Bank or Credit Union Address _____ City _____ State _____ Zip _____

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____ Checking Savings

Authorized Signature _____ Date _____

For Official Use Only

Date Received _____
Employee Signature _____

