



- New Student Application
- Returning Student Application



St. Mary  
Preschool  
The Eagle's Nest

PO Box 340  
Lake Leelanau, MI 49653  
231-256-9636 ext. 455

**PS** We require a minimum of 2 days (full or half) per week. You may choose all four days or Tuesday/Wednesday or Tuesday/Thursday. Fridays may become available, check interest below. **Child must be 3 years old by September 1, 2024 and fully potty trained.**

**PK** We require a minimum of 3 full days a week for your child. You may choose all four days or Tuesday/Wednesday/Thursday. Fridays may become available, check interest below. **Child must be 4 years old by September 1, 2024 and fully potty trained.**

Attendance	Drop Off	Pick Up	Tuition	<b>Circle days of attendance:</b> <b>M T W TH F Full Day</b> _____ <b>M T W TH F Mornings only</b> _____ <b>Interested in Fridays</b> _____
<b>Full Day</b>	7:45am-8:15am	3:15pm	\$55/day	
<b>Mornings Only</b>	7:45am-8:15am	12:00 noon	\$40/day	

Included in the tuition: each child is provided with a morning and afternoon snack along with hot lunch which includes milk. You may provide a sack lunch for your child if you prefer. Each student will also receive an Eagle's Nest t-shirt.

All payments are due in advance each week.

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_

Race (choose 1 or more):

Asian \_\_\_\_\_ American Indian or Alaska Native \_\_\_\_\_ Black or African American \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_  
 Not Hispanic/Latino \_\_\_\_\_ Native Hawaiian or Pacific Islander \_\_\_\_\_ White \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

Address of Mother if different \_\_\_\_\_

Father's Phone \_\_\_\_\_ Email \_\_\_\_\_

Mother's Phone \_\_\_\_\_ Email \_\_\_\_\_

Does your child have an IEP? If yes, please describe \_\_\_\_\_

I have read and agree to the attached stated terms and enclosed a non-refundable \$50 application fee. I understand my child may not attend until all paperwork is received including health appraisal, and proof of current immunizations or waiver.

Parent /Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**The St. Mary Preschool  
Eagle's Nest maintains the  
same school calendar and  
snow closures as  
St. Mary School.**