

Parent /Guardian Signature

| New Student Application | | | | | |
|-------------------------------|--|--|--|--|--|
| Returning Student Application | | | | | |



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



We require a minimum of two days (full or half) per week. You may choose all five days or any two days.

Child must be 3 years old by September 1, 2025 and fully potty trained.



We require a minimum of three full days a week for your child. You may choose all five days or any three days.

Child must be 4 years old by September 1, 2025 and fully potty trained.

| Attendance | Drop Off | Pick Up | Tuition | Circle days of attendance: | |
|---------------|---------------|------------|----------|---|--|
| Full Day | 7:45am-8:15am | 3:15pm | \$60/day | M T W TH F Full Day M T W TH F Mornings only | |
| Mornings Only | 7:45am-8:15am | 12:00 noon | \$45/day | | |

Included in the tuition: each child is provided with a morning and afternoon snack along with a lunch and milk provided by the main campus. You may provide a sack lunch for your child if you prefer. See Family Handbook for complete information on all policies and procedures. Each student will also receive an Eagle's Nest t-shirt.

All payments are due in advance each week.

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St. Mary School.

| Child's Name | Gender | _Date of Birth | | | | | |
|--|--|----------------|-----------------|--|--|--|--|
| Race (choose 1 or more): Asian American Indian or Alaska Native Not Hispanic/Latino Native Hawaiian or Paci | | | Hispanic/Latino | | | | |
| 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 | | | | | | | |
| | | | | | | | |
| have read and agree to the attached stated terms and e \$50 application fee. I understand my child may not atten received including health appraisal, and proof of current i | St. Mary Preschool 's Nest maintains the | | | | | | |

Date