

### CHURCH

1505 E. Michigan Avenue Lansing, MI 48912 PRESCHOOL

1527 E. Michigan Avenue Lansing, MI 48912 (517) 487-3249 corlansing.org

Dear Little Shamrocks Preschool & Childcare Families,

Welcome to Resurrection Preschool! We look forward to the start of another school year. There is a lot to be thankful for: our faith-based community, our dedicated staff and the ability to partner with our wonderful families. Together we foster the social, emotional, cognitive and friendship building skills necessary for development and growth in our young children. And we are blessed to be able to do this in an atmosphere dedicated to Christ.

We have three operating classrooms: the Toddler room, 3-year-old classroom and 4-year-old classroom. We are also going to continue to offer the full year sign up option for our full day Toddler and full day Preschool/Childcare programs. This will allow families who need year-round care to arrange for it all at once and know that their children will be provided the same quality programming during the summer that they have enjoyed during the academic year. The Administration has worked very hard to keep the tuition pricing at the current rate and we believe our program continues to be one of the best values in the area.

As we continue to watch our Preschool grow, we are excited to see what the future has in store. Thank you for entrusting your children to our care. It is both a privilege and a blessing to watch them grow by example and love for others.

May God continue to guide us and protect us on our learning journey.

God Bless, Director Judie Mirabelli-Migaldi



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# **APPLICATION FOR ENROLLMENT: 2024-2025**

## PLEASE COMPLETE BOTH SIDES

| STUDENT   | NAME:  |                                       |                                       |                                      |  |  |  |  |  |  |
|---|--|---------------------------------------|---------------------------------------|--------------------------------------|--|--|--|--|--|--|
| INFORMATION   | l act  | 1                                     | First /                               | Middle                               |  |  |  |  |  |  |
|   | Date of Birth:   |                                       | Male / Female                         |                                      |  |  |  |  |  |  |
|   | Date of Biltii   | · · · · · · · · · · · · · · · · · · · | (circle)                              |                                      |  |  |  |  |  |  |
|   |  |                                       | , ,                                   |                                      |  |  |  |  |  |  |
|   | Has student ever been expelled, suspended and/or refused admission to any other preschool or childcare program? No Yes |                                       |                                       |                                      |  |  |  |  |  |  |
|   | If Yes, please explain:  |                                       |                                       |                                      |  |  |  |  |  |  |
|   | Are there any special medical or dietary needs?  |                                       |                                       |                                      |  |  |  |  |  |  |
|   |  |                                       |                                       |                                      |  |  |  |  |  |  |
| STUDENT   | NAME:  | ,                                     | First /                               | NA: alalla                           |  |  |  |  |  |  |
| INFORMATION   | Last   |                                       | First / Middle                        |                                      |  |  |  |  |  |  |
|   | Date of Birth:   | <del></del>                           | Male / Female                         |                                      |  |  |  |  |  |  |
|   | (circle)   |                                       |                                       |                                      |  |  |  |  |  |  |
|   | Has student ever been expelled, suspended and/or refused admission to any other preschool                              |                                       |                                       |                                      |  |  |  |  |  |  |
|   | or childcare program? No Yes   |                                       |                                       |                                      |  |  |  |  |  |  |
|   |  |                                       |                                       |                                      |  |  |  |  |  |  |
|   | If Yes, please explain:  |                                       |                                       |                                      |  |  |  |  |  |  |
|   | Are there any special medical or dietary needs?  |                                       |                                       |                                      |  |  |  |  |  |  |
| Please select your enrollment option:  Academic Year  Full Year |  |                                       |                                       |                                      |  |  |  |  |  |  |
|   |  |                                       | (only available for 2 programs below) |                                      |  |  |  |  |  |  |
|   |  |                                       |                                       |                                      |  |  |  |  |  |  |
| Preschool   | Preschool  | Preschool                             | Toddler Room                          | Preschool & Full                     |  |  |  |  |  |  |
| 3-Year-Old PT   | 4-Year-Old PT  | Mornings Only                         |                                       | Day Childcare                        |  |  |  |  |  |  |
| ogo oo of 0/1 9   | ogo oo of 0/1 9  | PK1 = 4-year-old<br>PK2 = 3-year-old  | 10 26 months                          | PK1 = 4-year-old<br>PK2 = 3-year-old |  |  |  |  |  |  |
| age as of 9/1 & fully potty trained                             | age as of 9/1 & fully potty trained  | age as of 9/1 & fully                 | 18 – 36 months                        | age as of 9/1 & fully                |  |  |  |  |  |  |
| rully polity trailled   | lully polly trailled   | potty trained                         |                                       | potty trained                        |  |  |  |  |  |  |
| T, W  | Th, F  | M-F                                   | M–F                                   | M-F                                  |  |  |  |  |  |  |
| 8:00am –  | 8:00am –   | 8:00am – 11:00am                      | 7:35am - 5:30pm                       | 7:35am-5:30pm                        |  |  |  |  |  |  |
| 11:00am   | 11·00am  |                                       |                                       |                                      |  |  |  |  |  |  |
| \$165/month   | 11:00am<br>\$165/month   | \$295/month                           | \$1,020/month                         | \$875/month                          |  |  |  |  |  |  |

Academic programs run from August 2024 to May 2025. Monthly payments are due August to May. Full year programs run June through the following May with monthly payments.

# 2024-2025 TUITION AGREEMENT

### PARENT INFORMATION:

| TAKENT IN ORMATION.  |                                      |                 |                            |                    |                          |                                     |  |  |  |
|--|--------------------------------------|-----------------|----------------------------|--------------------|--------------------------|-------------------------------------|--|--|--|
| Father Step-Father G   | Guardian                             | Moth            | ner                        | Step-Moth          | er                       | Guardian                            |  |  |  |
| Last Name:   | Last                                 | Last Name:      |                            |                    |                          |                                     |  |  |  |
| First Name:  | First                                | First Name:     |                            |                    |                          |                                     |  |  |  |
| Address:   | Add                                  | Address:        |                            |                    |                          |                                     |  |  |  |
| City: Zip:   |                                      |                 | City: Zip:                 |                    |                          |                                     |  |  |  |
| Phone (Home):  |                                      |                 | Phone (Home):              |                    |                          |                                     |  |  |  |
| Phone (Cell):  |                                      |                 | Phone (Cell):              |                    |                          |                                     |  |  |  |
| Employer:  |                                      |                 | Employer:                  |                    |                          |                                     |  |  |  |
| Email:   |                                      |                 | Email:                     |                    |                          |                                     |  |  |  |
| Religion:  | Relig                                | Religion:       |                            |                    |                          |                                     |  |  |  |
|  |                                      | •               | <b>J</b>                   |                    |                          |                                     |  |  |  |
| Person Responsible for Account:  |                                      |                 |                            |                    |                          |                                     |  |  |  |
| Address (if different from above):   |                                      |                 |                            |                    |                          |                                     |  |  |  |
| City:  | Zip:                                 |                 |                            |                    |                          |                                     |  |  |  |
| Email:   | p.                                   |                 |                            |                    |                          |                                     |  |  |  |
| Phone (Home): Phone (Cell):  |                                      |                 |                            |                    |                          |                                     |  |  |  |
| Thomas (Tomas).  |                                      |                 |                            |                    |                          |                                     |  |  |  |
| <b>PAYMENT INFORMATION:</b>  |                                      |                 |                            |                    |                          |                                     |  |  |  |
|  |                                      |                 |                            |                    |                          |                                     |  |  |  |
| Tuition  | Monthly rate                         |                 | Academic                   |                    | Year                     | Payment in Full                     |  |  |  |
| Part Time Preschool – 3 year old   | \$ 165                               |                 | \$ 1,6                     |                    | n/a                      | \$ 1,600                            |  |  |  |
| Part Time Preschool – 4 year old   | \$ 165                               |                 | \$ 1,6                     |                    | n/a                      | \$ 1,600                            |  |  |  |
| Preschool mornings only Toddler Room   | \$ 295                               |                 | \$ 2,9<br>\$10,2           |                    | n/a<br>12,240            | \$ 2,850                            |  |  |  |
| Preschool and Full Day Childcare   | \$1,020<br>\$ 875                    |                 | \$ 10,2                    |                    | 10,500                   | \$ 9,890/ 11,870<br>\$8,485/ 10,185 |  |  |  |
| 1 Toolstool and 1 an Day Ormacare  | ψ 07 0                               |                 | Ψ 0,1                      | - Ψ                | 10,000                   | ψο, πουν το, του                    |  |  |  |
| TUITION PAYMENT OPTIONS  |                                      |                 |                            |                    |                          |                                     |  |  |  |
|  |                                      |                 |                            |                    |                          |                                     |  |  |  |
| 10 MONTHLY PAYMENTS Payme  | ents August 20, 20                   | )24 – May 2     | <mark>.0, 2025</mark> (Cas | h, Check, MO, (    | Credit Ca                | rd/ACH online)                      |  |  |  |
| PAYMENT IN FULL Full tui   | tion payment due                     | by 8/31/24      | (Academic) c               | or 6/30/24 (Full v | <mark>rear)</mark> to re | eceive 3% discount                  |  |  |  |
|  | _                                    |                 | (                          | ,                  | ,                        |                                     |  |  |  |
| ENROLLMENT FEE (Non-Refundable)  | 50.00                                | PAID            | DATE O                     | F ENROLLME         | NT:                      |                                     |  |  |  |
|  | NON-PAYM                             | IENT PRO        | CEDURES                    |                    |                          |                                     |  |  |  |
| Church of the Resurrection Preschool and C   | _                                    | _               |                            | any child mid-y    | ear and                  | or to refuse admittance             |  |  |  |
| in subsequent years for non-payment of tuiti   |                                      |                 |                            |                    | Ja: 4:14/                |                                     |  |  |  |
| ,  | •                                    |                 |                            | . ,                |                          | an agusta ating the Office          |  |  |  |
| † Any family who has not made their tuition pay<br>will incur a late fee of \$10.00.   | yment on time and                    | a goes for n    | nore than 10 (             | days without a p   | ayment                   | or contacting the Office,           |  |  |  |
| will incur a late lee of \$10.00.  |                                      |                 |                            |                    |                          |                                     |  |  |  |
| † After 30 days without a payment <b>or contacti</b> After 5 additional days without any attempt at re   |                                      |                 |                            |                    |                          | on a tuition suspension.            |  |  |  |
| After 5 additional days without any attempt at resolution, the student(s) will be dismissed from the program.  † Any form of payment that is returned to us for insufficient funds will incur a \$30.00 fee or any fees charged to us due to failed transaction. |                                      |                 |                            |                    |                          |                                     |  |  |  |
| Any form of payment that is returned to us to  | i iriədiildi <del>c</del> iil lüllüs | o wiii iiiCUI č | α ψυυ.υυ I <del>UU</del> ( | n any ices chal    | y <del>c</del> u io us   | o due lo ialleu traffsactioff.      |  |  |  |
| I/We have read the above tuition policy I/We understand if a problem arises wit possible to make arrangements so ther School.  | h paying tuitior                     | n, it is our    | responsibi                 | ility to contac    | t the Of                 | fice as soon as                     |  |  |  |
| Signature(s)   | Printed Na                           | ame(s)          |                            |                    |                          | Date                                |  |  |  |