

TREE OF LIFE LUTHERAN PRESCHOOL

FEE SCHEDULE (2025-26)

Child's Name: _____

Traditional Preschool Program (Choose One)

3-Year Old Program (T/R) -- 9:00 - 11:30 AM \$150/month_____

4-Year Old Program (M/W/F) -- 9:00 - 11:30 AM \$210/month_____

Off-Day Preschool Program (9:00 - 11:30 AM)

(**Due to staffing needs, must commit to the full school year.)

3-Year Olds One extra day/week--\$85/month_____ Which day? (circle one) M / W / F

Two extra days/week--\$150/month_____ Which days? (circle two) M / W / F

Three extra days/week--\$210/month_____ All three days.

4-Year Olds One extra day/week--\$85/month_____ Which day? (circle one) T / R

Two extra days/week--\$150/month_____ Both days.

Enrichment Program (3's and 4's together) -- 11:30 AM - 3:00 PM (includes hot lunch)

(**Due to staffing needs, must commit to the full school year.)

(**Must be enrolled in Traditional Preschool Program in order to be eligible for Enrichment Program.)

1 Day Per Month \$135_____ Which day? (circle one) M / T / W / R / F

2 Days Per Month \$240_____ Which days? (circle two) M / T / W / R / F

3 Days Per Month \$290_____ Which days? (circle three) M / T / W / R / F

4 Days Per Month \$375_____ Which days? (circle four) M / T / W / R / F

5 Days Per Month \$455_____ All five days

EMERGENCY DAY FEE = \$30 (In case there is a family emergency, your child can stay for Enrichment even if he/she is not enrolled for that particular day.)

**** PLEASE NOTE ****

I will have my child attend on the days that I have chosen above. I understand that I will be charged for the full month of preschool even if my child misses any days during the month due to holidays, family vacation or illness.

TOTAL MONTHLY FEE = \$ _____

Parent / Guardian Signature

BEFORE AND AFTER SCHOOL CARE

Child's Name: _____

Month: _____

Before School Care (\$15 per hour) -- 8:00 - 9:00 AM

Please indicate day(s) _____ and time(s) _____

(** Due to staffing needs, must commit to a month at a time--any change in schedule requires a 2 week notice.)

After School Care (\$15 per hour) -- 3:00 - 4:00 PM

Please indicate day(s) _____ and time(s) _____

(** Due to staffing needs, must commit to a month at a time--any change in schedule requires a 2 week notice.)

TOTAL MONTHLY FEE = \$ _____