

**TREE OF LIFE LUTHERAN PRESCHOOL
FEE SCHEDULE (2026-27)**

Child's Name: _____

Traditional Preschool Program (Choose One)

3-Year Old Program (T/R) -- 9:00 - 11:30 AM \$152/month _____

4-Year Old Program (M/W/F) -- 9:00 - 11:30 AM \$212/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--\$87/month _____ Which day? (circle one) M / W / F

 Two extra days/week--\$152/month _____ Which days? (circle two) M / W / F

 Three extra days/week--\$212/month _____ All three days.

4-Year Olds One extra day/week--\$87/month _____ Which day? (circle one) T / R

 Two extra days/week--\$152/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 \$137 _____ Which day? (circle one) M / T / W / R / F

2 Days Per Month \$242 _____ Which days? (circle two) M / T / W / R / F

3 Days Per Month \$292 _____ Which days? (circle three) M / T / W / R / F

4 Days Per Month \$377 _____ Which days? (circle four) M / T / W / R / F

5 Days Per Month \$457 _____ 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.

Parent / Guardian Signature

TOTAL MONTHLY FEE = \$ _____

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) _____

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

TOTAL MONTHLY FEE = \$ _____