



Mt. Horeb Preschool
P O Box 8
Chapin, SC 29036
(803)345-6441
preschool@mthoreb.net

WE ARE NOW ENROLLING FOR THE 2024/25 SCHOOL YEAR

Applications will be accepted on a first-come basis, it is important that the Enrollment Form be returned as soon as possible to guarantee a space for your child.

A non-refundable registration fee of \$150 per student (\$50 for each additional sibling) MUST accompany this enrollment record. (\$100 for church members, each additional sibling \$25)

We are giving church members and currently enrolled students' first chance at registration. On **Feb. 15th** registration will be open to the public.

Tuition and supply fees are outlined below. (Tuition for Four Year Olds include a \$20 curriculum fee)

Mt. Horeb Preschool is a ministry of Mt. Horeb Lutheran Church and does not discriminate based on race or religious affiliation.

Schedule of Fees

Registration Fee: \$150 (\$50 for each additional sibling) *Due with enrollment Record

Supply Fees: (Pay ½ with September Tuition, the remainder is due with January Tuition)

2 Days	\$120
3 Days	\$130
4 Days	\$140
5 Days	\$150

Tuition:

Two Days per Week	\$180 (Sept – May)
Three Days per Week	\$200 (Sept – May)
Four Days per Week	\$220 (Sept – May)
Four Year Olds (4 Days)	\$240 (Sept – May)
Four Year Olds (5 Days)	\$260 (Sept – May)

MT. HOREB PRESCHOOL ENROLLMENT FORM

PLEASE CHECK APPROPRIATE CLASS:

DATE: _____

- ☐ Four Year Old Class
- ☐ Four Year old Class
- ☐ Three Year Old Class
- ☐ Three Year Old Class
- ☐ Two Year Old Class

- ☐ 5 Days (Mon-Fri)
- ☐ 4 Days (Mon-Thurs)
- ☐ 4 Days (Mon-Thurs)
- ☐ 3 Days (Mon, Tues, Wed) Limited to 8 children
- ☐ Mon/Wed ☐ Tues/Thurs

Class Assignments are at the discretion of the Director and cannot be guaranteed. Your preferences will be given special consideration, and you will be notified around August 1st with your child's class assignment.

CHILDREN MUST BE THE AGE OF THE CLASS THEY ARE ENTERING, ON OR BEFORE SEPTEMBER 1st

NAME: _____ NICKNAME: _____ GIRL(____) BOY(____)

ADDRESS: _____
(Street/Route) (City/State) (Zip)

DATE OF BIRTH: _____

HOME PHONE: _____

E-MAIL ADDRESS: _____

PARENT OR GUARDIAN INFORMATION

FATHER'S NAME: _____

OCCUPATION: _____

BUSINESS PHONE, CELL PHONE: _____

MOTHER'S NAME: _____

OCCUPATION: _____

BUSINESS PHONE, CELL PHONE: _____

BROTHERS/SISTERS: (NAMES AND AGES)

(1) _____ (2) _____ (3) _____

ARE YOU ACTIVELY INVOLVED IN A LOCAL CONGREGATION: _____