

Salem Lutheran Preschool
99 York Rd. at Church St.
Jacobus, PA 17407
717-428-2811
Salemjacobuspreschool@gmail.com
https://Salemlutheranjacobus.org

Registration Form for September 2026 – May 2027

Students must be 3 or 4 years of age by August 31st of the year of enrollment.
Students must be fully potty-trained and able to go to the bathroom unassisted to attend our preschool.

Please return this form **WITH** your **$40 non-refundable** application fee
and **non-refundable final month's (May 2027) payment** to process your child's registration.
Make checks payable to: ***"Salem Lutheran Preschool"***
Mail to: Salem Lutheran Preschool, 99 York Rd., Jacobus, PA 17407

Please Check Desired Class:

☐ 3-Year-Old Class – Tuesday & Thursday from 9 a.m. – 11:30 a.m.
$110 /Monthly Tuition Fee **(Total Registration fee = $150.00)**

☐ 4/5-Year-Old Pre-K Class – Monday, Wednesday, & Friday from 9 a.m.-11:30 a.m.
$**165** /Monthly Tuition Fee **(Total Registration fee = $205.00)**

☐ *Lunchtime Learners Program (optional for the 4/5 Pre-K Class)*
Offered Mondays, Wednesdays, and Fridays 11:30 a.m. – 1:00 p.m. (**$5**/Session)
Monthly charge varies based on number of sessions/month which will be included on your monthly tuition statement.

Please Note: A one-time snack and activity fee of **$75** will also be charged along with the **monthly tuition for September** which will be **due by September 10, 2026**

_____ ___ /___ /____ _____
Child's Full Name - first, middle, last | Date of Birth | Gender

_____ _____ _____
Street Address | City | Zip Code

_____ _____
Home Phone | School District

_____ _____ Lives with Child? Y / N
Parent/Guardian Name (1) | Email Address

_____ _____ _____ _____
Street Address | City | Zip Code | Phone Number

_____ _____ Lives with Child? Y / N
Parent/Guardian Name (1) | Email Address

_____ _____ _____ _____
Street Address | City | Zip Code | Phone Number

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OFFICE USE: *Date Received:* _____ *Check #:* _____ *Amount Paid:* _____ *Packet Sent:* _____

Form updated 8/18/26

Please list siblings and their date of birth for our records:

Child's Full Name - first, middle, last	Date of Birth	Gender
_____	___ /___ /____	_____
_____	___ /___ /____	_____
_____	___ /___ /____	_____
_____	___ /___ /____	_____

Medical Information

Allergies (please include any food allergies): _____

_____

Please complete the registration form and return it with your **non-refundable** registration fee of $40, as well as a **non-refundable** final month's tuition (May 2027) payment for us to process your child's application. **Note: returning families do not pay the $40 fee only the May 2027 tuition fee.**

A one-time snack-activity fee of $75 is due with the September tuition payment. This activity fee covers costs associated with field trips, holiday parties, and snacks throughout the school year for your student. Additional fees may be due for parents and siblings attending field trips.

Tuition is due on the 10th of each month. After the 10th of each month, a late fee of $10 will be added unless you talk with Pr. Tina Minnich, the school director, or Ms. Gloria Schroll-Osman, the school secretary regarding why you are having difficulty paying your tuition.

If the tuition check should bounce, you will need to repay the tuition plus the bank fees that were charged to the school. After two bounced checks, tuition will need to be paid in cash.

Our school relies entirely upon tuition for all operating expenses, so we ask for your cooperation in meeting these financial obligations.

We do realize that children get sick, families go on vacation, etc. but our expenses continue. Therefore, we are unable to offer refunds for missed days except a credit will be given for Lunchtime Learners if it is cancelled due to inclement weather.

Withdrawals and Refunds

Our program is planned monthly. Therefore, if your child must be withdrawn from our school, it would be appreciated if you would notify the teacher in writing 2 weeks before the withdrawal, so that we may make proper arrangements with the next family on our waiting list.

Refunds will be pro-rated after deducting for the 2-week withdrawal notification period or the remainder of the month, whichever is greater.

Please make checks payable to: **Salem Lutheran Preschool**

I have reviewed and agreed with the 2026-27 Tuition and Fees terms listed.

Parent/Guardian Signature: _____ Date: _____/_____/_____

How did you hear about our school? _____

Thank you!