

St. Michael's Lutheran Preschool Registration Form 2020-21

6379 Wolcottsville Road Akron, NY 14001 email @ smpreschoolakron@gmail.com website www.stmichaelsakron.org Teacher contact: (716) 870-1333

Application for Enrollment - PLEASE PRINT INFORMATION

"X: Class Applying for:

3 yr old class - TUES/THURS, \$85/mo. _____ 4 yr old class - MON/WED/FRI, \$125/mo. _____

5 day program for 4 yr olds only MON-FRI, \$165/mo. _____ **Secure payment offered online (church website)**

*Days are subject to change due to enrollment; 10% discount for full yr payment, 5% discount for ½ yr payment.

Student/Child Information

Last _____ Middle _____ First _____
Address _____ City _____ State _____ Zip _____
Child's Date of Birth _____ Home Phone _____ Child lives with: Both Parents Mother Father Guardian _____

Enrollment in other Activities/Classes _____

How did you hear about our Preschool? _____

Siblings names & Dates of birth: _____

Father Information Name _____ Phone/Cell _____ Address(if different from child) _____ Email address _____ Employer _____

Mother Information Name _____ Phone/Cell _____ Address(if different from child) _____ Email address _____ Employer _____

Church Information Name of Church attending _____ Baptismal Date _____

Medical Information Physician' Name _____ Physician's Phone _____ Hospital Choice (If needed) _____

Allergies, Birth Marks or Health Factors your child may have: _____

Required for Parent Permission Child's name, address, phone number & Birthday may be used on a class roster for Preschool families: Yes No

Parent Permission to Photograph: I give St. Michael's Preschool staff permission to use photographs/videotapes of my child for hallway displays and for public relations including website, newsletters, press releases, pamphlets, & displays used at speaking engagements. I understand that my child's last name will NOT be used with any of the above & that the pictures & articles are intended to project a positive image of the program and will be used accordingly. Yes No

We promote our church and preschool also via Facebook, only use class/group pics. Please check if give permission for this Yes No

Medical Waiver: In the event that injury or illness needs immediate attention and emergency contacts cannot be contacted, I hereby authorize the school to arrange transportation to the nearest hospital, which may render emergency treatment. In my absence, I give my consent to the physician to do whatever is deemed necessary to insure the safety of the above named child. Yes No

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

Instructions:

- Complete and sign form (Mail to: St. Michael's Preschool-6379 Wolcottsville Road-Akron, NY-14001)

-A non-refundable registration fee of \$35. must accompany this application. **Check payable to: St. Michael's Lutheran Church**

-Updated Medical Statement & Immunization Records are due on Orientation Day, before start of preschool year.