

St. Michael's Lutheran Preschool Registration Form 2018-19

6379 Wolcottsville Road Akron, NY 14001

(716) 604-5173 Phyllis Baehr Director/Teacher stmichaelspreschoolakron@gmail.com

Application for Enrollment

Circle Class Applying for:

3 yr old class- Tuesday & Thursday \$80

**4 yr old class- Monday/Wednesday/Friday \$120
Friday \$160.00**

**or * 5 day program for 4 year olds only Monday-
*This is subject to change due to enrollment (please inquire)**

Student Information

Child's name Last Middle First Preferred Name (if any)

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) Dentist's Name/phone

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 used accordingly. ___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. Checks payable to: St. Michael's Lutheran Church.**

-Tuition payments are due to office as per tuition schedule.

-Updated Medical Statement & Immunization Records are due on Orientation Day!