

# St. Michael's Lutheran Preschool

## 2017-18

6379 Wolcottsville Road Akron, NY 14001

(716) 604-5173 Phyllis Baehr Director/Teacher [stmichaelspreschoolakron@gmail.com](mailto: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 or \* 4 yr old class Monday- Friday \$160.00**

\*This is subject to change due to enrollment

### 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 Dentist's 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 be 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

-A non-refundable registration fee of \$35. must accompany this application.

-Tuition payments are due to office as per tuition schedule. **Checks must be made payable to: St. Michael's Lutheran Church.**

-Updated Medical Statement & Immunization Records are due on Orientation Day!! (Dated on or after September 2016)