

St. Michael's Lutheran Preschool Registration Form 2019-20

6379 Wolcottsville Road Akron, NY 14001

email @ smpreschoolakron@gmail.com website www.stmichaelsakron.org Director @ 716 604-5173

Application for Enrollment

Check Class Applying for:

*3 yr old class- Tuesday & Thursday \$80mth

*3 yr old class-Tuesday/Wednesday/Thursday \$120.00 mth

*4 yr old class-Tuesday /Wednesday/Thursday \$120mth *Days are 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 Dentist's Phone

Allergies, BirthMarks 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 (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!