

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

6379 Wolcottsville Road Akron, NY 14001

email @ [smpreschoolakron@gmail.com](mailto:smpreschoolakron@gmail.com)

website [www.stmichaelsakron.org](http://www.stmichaelsakron.org)

Director @ 716 604-5173

## Application for Enrollment

*Circle Class Applying for:*

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

\*4 yr old class- Monday/Wednesday/Friday \$120mth or \* 5 day program for 4 year olds only Monday- Friday \$160.00mth

\*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, 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 (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!