

**St. Michael's Lutheran Preschool Registration Form**  
**2025-2026 School Year**



St. Michael's  
Church & Preschool

Located in St. Michael's Lutheran Church at 6379 Wolcottsville Road, Akron, NY 14001

Email [smpreschoolakron@gmail.com](mailto:smpreschoolakron@gmail.com) | Website [stmichaelsakron.org/preschool](http://stmichaelsakron.org/preschool) | Enrollment (716) 957-4042 | Fax (716) 735-7350

**Application for Enrollment**

3 Year Olds: **TUES & THURS** - \$100 per month for 2 Days → (Possible 3 Day Option - based on enrollment)

4 Year Olds: **MON/WED/FRI OR TUES/WED/THURS** (TBD by 8/11/24) - \$150 per month for 3 Days → (Possible 5 Day Option - based on enrollment)

**\*\*NOTE:** 10% discount for full year tuition payment in the first week of school or 5% discount for ½ year tuition payment

**\*\*\*ALL STUDENTS MUST BE POTTY TRAINED\*\*\***

**Student/Child Information**

Last \_\_\_\_\_ Middle Initial \_\_\_\_\_ First \_\_\_\_\_ Child's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Child lives with: (circle one) Both Parents Mother Father Guardian

Siblings names & Dates of birth: \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**Approved Adults for Preschool Pick-Up** (Please list names and best phone #'s)

Emergency Contact \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Medical Information:** Physician's Name \_\_\_\_\_ Office Ph (\_\_\_\_) \_\_\_\_\_

**Hospital of Choice** (If needed) \_\_\_\_\_

**\*\*Allergies, Birthmarks or Health Factors** your child may have: \_\_\_\_\_

**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**

**Required Parent/Guardian Permission:** Child's name, address, phone number & birthday may be used on a class roster for preschool families. I give St. Michael's Preschool staff permission to use photographs/videotapes of my child for hallway displays and for public relations including social media, 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**

How did you hear about our preschool? (circle one) Past Student Previous Church Visit Facebook Community Event

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**INSTRUCTIONS:** ⇨ A non-refundable registration fee of **\$40** must accompany this signed application.

⇨ Please make checks payable to: **St. Michael's Lutheran Church** (Please Not Preschool)

⇨ Mail completed application form and checks to: **6379 Wolcottsville Road, Akron, NY 14001**