

Saint Michael Preschool Enrollment Packet

Family Information Form

Enrollment Date: _____

Father/Guardian:

Last Name: _____ First Name: _____ Middle Initial: _____

Home Address: _____

Title: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Cell Phone: () _____

Email: _____

Custodial Parent (If married, mark both parents)

Marital Status: Married Single Divorced Separated Widowed Other _____

Mother/Guardian:

Last Name: _____ First Name: _____ Middle Initial: _____

Home Address: _____

Title: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Cell Phone: () _____

Email: _____

Custodial Parent (If married, mark both parents)

Marital Status: Married Single Divorced Separated Widowed Other _____

Tuition/Payment Information:

Total Tuition owed for this child: _____

Payment Frequency: Monthly Semi-Annually Annually

Preferred Payment Method: Bank Draft Check Check

Credit Card* Bank Draft Bank Draft

Credit Card* Credit Card*

***Surcharge will apply**

Please detail who is responsible for payment of tuition and fees, including whether tuition payment is the responsibility of an adult other than the parents listed above: _____

Saint Michael & All Angels Status:

Father **OR** Mother satisfies the following criteria, as defined in the PARENT HANDBOOK:

1. Voting Member of the Parish Father Mother

2. Makes and Fulfills an Annual Stewardship Pledge Father Mother

3. Safe Church Trained Father Mother

We acknowledge that we don't meet the criteria above and therefore will pay Non-Member Tuition Rates

Signature (Parent or Legal Guardian): _____ Date: _____

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Child Information Form

Last Name: _____ First Name: _____ Middle Initial: _____

Preferred Name: _____

Home Address: _____

Gender: Male Female

Date of Birth: _____

Please Check All That Apply:

1. Water Activities:

I hereby give do not give my consent for my child to participate in water activities:
 sprinkler play splashing/wading pools water table play

2. I understand that meals and snacks may be served to my child while in care: Yes No

3. My child is normally in care on the following days and times:

Mondays from: _____ to: _____ Thursdays from: _____ to: _____
 Tuesdays from: _____ to: _____ Fridays from: _____ to: _____
 Wednesdays from: _____ to: _____

4. Toilet Training:

As of Enrollment Date My Child is: In Diapers Currently Training Fully Trained

Special/Medical Concerns: List any and all allergies, existing illness, previous serious illness and injuries, hospitalizations during the past 12 months, any medications prescribed for continuous, long-term use and any other special or medical concerns which the caregiver should be aware: _____

Health Form/Immunization Record: *(These are standard forms provided by your pediatrician, but are also available online at <http://www.saintmichael.org/smpforms>)*

[] I have attached a signed copy of this child's authorized HEALTH CARE PROFESSIONAL'S STATEMENT

[] I have provided a copy of this child's most current immunization record.

Authorization for Emergency Medical Attention for This Child:

INITIAL HERE: _____ **In the event I cannot be reached to make arrangements for emergency care, I authorize the person in charge to take my child to and/or contact the following on behalf of my child:**

Physician Name and Practice: _____

Address: _____ Phone: () _____

Emergency Medical Care Facility: _____

Address: _____ Phone: () _____

INITIAL HERE: _____ **I give consent for the facility to secure any and all necessary emergency medical care for my child.**

Signature (Parent or Legal Guardian): _____ Date: _____

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Additional Information Form

Emergency Contacts & Authorized Pickup Persons, Other Than Custodial Parents:

1st Contact/Pick Up

Name: _____ Phone: () _____

Relationship to Children: _____

Able to pick up all children in family

Not able to pick up the following children: _____

2nd Contact/Pick Up

Name: _____ Phone: () _____

Relationship to Children: _____

Able to pick up all children in family

Not able to pick up the following children: _____

3rd Contact/Pick Up

Name: _____ Phone: () _____

Relationship to Children: _____

Able to pick up all children in family

Not able to pick up the following children: _____

Additional Information:

Is there any other information that would be helpful to our management and teaching staff?

Parents Interests & Skill Sets:

Other School Age Children & Where They Attend:

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Please Check All That Apply to the Entire Family:

Receipt of Written Operational Policies:

I acknowledge receipt of the facility's operational policies and discipline guidelines detailed in the PARENT HANDBOOK.

Photographs:

I hereby: **give** **do not give** consent for photographs of my family to be used for identification purposes and in SMAA publications, printed and online and to be posted on the SMP facebook page.

Directory:

In the event that SMAA publishes a school directory, I hereby: **give** **do not give** permission for my family information to be included in a published directory.

Signature (Parent or Legal Guardian): _____ Date: _____