

Messiah Lutheran Preschool

754-4944 Church Office

998-4439 Mrs. Aloian

2025/2026 Registration Form

A \$200 **NONREFUNDABLE** registration fee will ensure your child a place in the Messiah Lutheran Preschool. This registration fee is non-refundable and \$100 will be applied to your first month's tuition. Please complete the forms below and return them with your deposit to:

Messiah Lutheran Preschool

915 Oneida Street

Lewiston, NY 14092

Please make checks payable to Messiah Lutheran Preschool. Enrollment will be accepted in the order deposits are received.

Messiah Lutheran Preschool Fees and Tuition Policy

-\$200 **NONREFUNDABLE** registration fee per student is required along with registration forms to secure enrollment; with \$100 of the fee being applied to your child's first month's tuition.

-Tuition costs are as follows:

Morning Program (M,W,F, 9:30 -11:30am) 9 installment payments of \$165 each

Full-day Program (M,W,F, 9:30am - 2:30pm) 9 installment payments of \$255 each

-For families who enroll two siblings in our program during the same school year, we offer a 10% tuition discount on the second (younger) child.

-Tuition is due on the 1st of each month, or the first day of the month that is a school day.

-Tuition that is late will incur a \$50 late fee added to the monthly amount.

-If tuition is more than one week late, your child will not be allowed to attend school until tuition is submitted. It is advisable to put a monthly tuition reminder on your calendar.

-Messiah Lutheran Preschool does not issue tuition refunds for any reason.

*****DETACH AND RETURN WITH DEPOSIT*****

Parent Name: _____ Date: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Child's Name: _____ Sex: _____ Age: _____ Birthdate: _____

Class Choice (AM or FULL DAY)

I have read and understand Messiah Lutheran Preschool's tuition policy and payment schedule.

SIGNATURE: _____

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Lewiston, NY 14092
754-4944 Church Office
998-4439 Mrs. Aloian

Enrollment Form

Basic Information

Name of Child (first and last): _____ Birthdate: _____ Sex: _____

Address: _____ Home Phone: _____

Mother's Name: _____ Occupation: _____ Employer: _____

Business Address: _____ Phone: _____ Email: _____

Father's Name: _____ Occupation: _____ Employer: _____

Business Address: _____ Phone: _____ Email: _____

Best way to contact you: [] phone call # _____ [] text # _____

Two people that can be notified in an emergency if both parents are unavailable

1 . Name _____ Relation: _____

Address: _____ Phone: _____

2. Name _____ Relation: _____

Address _____ Phone _____

Medical Information

Physician's Name: _____ Phone: _____

Health Insurance Company: _____ Policy Number: _____

Allergies/Health Conditions/Considerations:

If illness or accident occurs at school and neither parents nor emergency contacts can be reached, I give my permission to the Messiah Lutheran Preschool to secure medical aid from the aforementioned physician, his/her associates, or from the most immediately available licensed medical care professional at my personal expense.

We hereby enroll _____ at Messiah Lutheran Preschool and give permission for full participation in all school activities. As parents, we are willing to abide by the standing rules and to fulfill our financial responsibilities.

Mother's Signature _____

Print Name _____

Father's Signature _____

Print Name _____

Date _____

Other Information

Names and ages of siblings: _____

Other members of household: _____

Pets (names and kind): _____

Any concerns regarding toileting habits: _____

Auditory, visual, speech, or other delays or concerns: _____

Please add any comments that might further our understanding of your child: _____

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No, I do not wish to have photographs of my child(ren) published.

Name (please print): _____

Signature: _____

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NAME: _____

ADDRESS: _____

PHONE: _____

NAME: _____

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Father's Signature _____

Print Name _____

Date _____

Other Information

Names and ages of siblings: _____

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Pets (names and kind): _____

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NAME: _____

ADDRESS: _____

PHONE: _____

NAME: _____

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Address: _____ City: _____ Zip: _____

Child's Name: _____ Sex: _____ Age: _____ Birthdate: _____

Class Choice (AM or FULL DAY)

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Business Address: _____ Phone: _____ Email: _____

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Business Address: _____ Phone: _____ Email: _____

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1 . Name _____ Relation: _____

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2. Name _____ Relation: _____

Address _____ Phone _____

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Physician's Name: _____ Phone: _____

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Mother's Signature _____

Print Name _____

Father's Signature _____

Print Name _____

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Other Information

Names and ages of siblings: _____

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Pets (names and kind): _____

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Parent Name: _____ Date: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Child's Name: _____ Sex: _____ Age: _____ Birthdate: _____

Class Choice (AM or FULL DAY)

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SIGNATURE: _____

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Business Address: _____ Phone: _____ Email: _____

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Business Address: _____ Phone: _____ Email: _____

Best way to contact you: [] phone call # _____ [] text # _____

Two people that can be notified in an emergency if both parents are unavailable

1 . Name _____ Relation: _____

Address: _____ Phone: _____

2. Name _____ Relation: _____

Address _____ Phone _____

Medical Information

Physician's Name: _____ Phone: _____

Health Insurance Company: _____ Policy Number: _____

Allergies/Health Conditions/Considerations:

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Mother's Signature _____

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Other Information

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Address _____ Phone _____

Medical Information

Physician's Name: _____ Phone: _____

Health Insurance Company: _____ Policy Number: _____

Allergies/Health Conditions/Considerations:

If illness or accident occurs at school and neither parents nor emergency contacts can be reached, I give my permission to the Messiah Lutheran Preschool to secure medical aid from the aforementioned physician, his/her associates, or from the most immediately available licensed medical care professional at my personal expense.

We hereby enroll _____ at Messiah Lutheran Preschool and give permission for full participation in all school activities. As parents, we are willing to abide by the standing rules and to fulfill our financial responsibilities.

Mother's Signature _____

Print Name _____

Father's Signature _____

Print Name _____

Date _____

Other Information

Names and ages of siblings: _____

Other members of household: _____

Pets (names and kind): _____

Any concerns regarding toileting habits: _____

Auditory, visual, speech, or other delays or concerns: _____

Please add any comments that might further our understanding of your child: _____

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No, I do not wish to have photographs of my child(ren) published.

Name (please print): _____

Signature: _____

Date: _____



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I _____ authorize that the following individuals have my permission to pick up _____ from preschool. (child's name)

Parent/Legal Guardian signature: _____

Date: _____

NAME: _____

ADDRESS: _____

PHONE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

NAME: _____

ADDRESS: _____

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*****DETACH AND RETURN WITH DEPOSIT*****

Parent Name: _____ Date: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Child's Name: _____ Sex: _____ Age: _____ Birthdate: _____

Class Choice (AM or FULL DAY)

I have read and understand Messiah Lutheran Preschool's tuition policy and payment schedule.

SIGNATURE: _____

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Enrollment Form

Basic Information

Name of Child (first and last): _____ Birthdate: _____ Sex: _____

Address: _____ Home Phone: _____

Mother's Name: _____ Occupation: _____ Employer: _____

Business Address: _____ Phone: _____ Email: _____

Father's Name: _____ Occupation: _____ Employer: _____

Business Address: _____ Phone: _____ Email: _____

Best way to contact you: [] phone call # _____ [] text # _____

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1 . Name _____ Relation: _____

Address: _____ Phone: _____

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Address _____ Phone _____

Medical Information

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Mother's Signature _____

Print Name _____

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Date _____

Other Information

Names and ages of siblings: _____

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Date: _____

NAME: _____

ADDRESS: _____

PHONE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

NAME: _____

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PHONE: _____

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PHONE: _____

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*****DETACH AND RETURN WITH DEPOSIT*****

Parent Name: _____ Date: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Child's Name: _____ Sex: _____ Age: _____ Birthdate: _____

Class Choice (AM or FULL DAY)

I have read and understand Messiah Lutheran Preschool's tuition policy and payment schedule.

SIGNATURE: _____

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Basic Information

Name of Child (first and last): _____ Birthdate: _____ Sex: _____

Address: _____ Home Phone: _____

Mother's Name: _____ Occupation: _____ Employer: _____

Business Address: _____ Phone: _____ Email: _____

Father's Name: _____ Occupation: _____ Employer: _____

Business Address: _____ Phone: _____ Email: _____

Best way to contact you: [] phone call # _____ [] text # _____

Two people that can be notified in an emergency if both parents are unavailable

1 . Name _____ Relation: _____

Address: _____ Phone: _____

2. Name _____ Relation: _____

Address _____ Phone _____

Medical Information

Physician's Name: _____ Phone: _____

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Mother's Signature _____

Print Name _____

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Print Name _____

Date _____

Other Information

Names and ages of siblings: _____

Other members of household: _____

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Signature: _____

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Date: _____

NAME: _____

ADDRESS: _____

PHONE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

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*****DETACH AND RETURN WITH DEPOSIT*****

Parent Name: _____ Date: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Child's Name: _____ Sex: _____ Age: _____ Birthdate: _____

Class Choice (AM or FULL DAY)

I have read and understand Messiah Lutheran Preschool's tuition policy and payment schedule.

SIGNATURE: _____

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Basic Information

Name of Child (first and last): _____ Birthdate: _____ Sex: _____

Address: _____ Home Phone: _____

Mother's Name: _____ Occupation: _____ Employer: _____

Business Address: _____ Phone: _____ Email: _____

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Business Address: _____ Phone: _____ Email: _____

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1 . Name _____ Relation: _____

Address: _____ Phone: _____

2. Name _____ Relation: _____

Address _____ Phone _____

Medical Information

Physician's Name: _____ Phone: _____

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Mother's Signature _____

Print Name _____

Father's Signature _____

Print Name _____

Date _____

Other Information

Names and ages of siblings: _____

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Date: _____

NAME: _____

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Parent Name: _____ Date: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Child's Name: _____ Sex: _____ Age: _____ Birthdate: _____

Class Choice (AM or FULL DAY)

I have read and understand Messiah Lutheran Preschool's tuition policy and payment schedule.

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NAME: _____

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