

Messiah Lutheran Preschool

754-4944 Church Office

998-4439 Mrs. Aloian

2026/2027 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 \$175 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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## 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:

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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: \_\_\_\_\_

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Auditory, visual, speech, or other delays or concerns: \_\_\_\_\_

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

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## Photo Release Form

As the parent of a child/children at Messiah Lutheran Preschool, I agree to the following:

- I understand that my child(ren) whose name(s) are listed below may be photographed at Messiah Lutheran Preschool during normal preschool days, celebrations, or activities.
- I understand that these photographs may be used in school or Lutheran Church of the Messiah newsletters or posted on the Messiah Lutheran Preschool webpage, Facebook, or any other marketing publication.
- I give permission for my child(ren)'s photographs to be posted on Messiah Lutheran Preschool's website, Facebook, newsletters, or any other publication. (When names are added, only the first names will be used.)
- I understand that I have the right to request, in writing, to have a photo removed from the webpage or Facebook within 30 workdays.

The following are the names of my child(ren) attending Messiah Lutheran Preschool:

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Yes, I confirm that I have read and understand all of the above statements, and agree to have photos of my child(ren) posted on the Messiah Lutheran Preschool webpage, Facebook page, newsletters, or any other publication.

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

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Like us on Facebook!

[www.facebook.com/learningwithlovMLprek](http://www.facebook.com/learningwithlovMLprek)

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## Child Pick Up Authorization

To ensure the safety and well-being of each child, Messiah Lutheran Preschool must have written permission to release your child to anyone other than his or her parent/legal guardian.

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: \_\_\_\_\_