



St. Matthias Lutheran Church Preschool Enrollment Form 2026-2027 School Year

109 Dayton School Road
Easley, SC 29642
864-442-1379

www.stmatthiaspreschool.com
directorsmlcpreschool@gmail.com

Office use only

Registration Fee (\$100/Child/\$150/Family): _____
Date Paid: _____ Payment Method: _____
Immunization Record on file: _____
Sibling Discount: _____

Student Information

5 Day Monday-Friday: \$335.00/Month: _____
Sibling Tuition Rate: \$320/Month: _____
Registration Fee (Due at time of Enrollment-Non-Refundable):
\$100.00/Child: _____ \$150.00/Family: _____

Full Name: _____ Name to go by: _____

Date of Birth: ____/____/____

Age as of 9/1/26: _____

Gender: Male ____ Female ____

Home Address: _____

City: _____

Zip Code: _____

Is this your child's first experience with preschool? _____

Parent Contact Information

Mother's Name: _____

Father's Name: _____

Cell Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Email Address: _____

Employer: _____

Employer: _____

Work Phone Number: _____

Work Phone Number: _____

Alternate Pick-Up/Emergency Contact Information

Name: _____ Relationship to Child: _____

Cell Phone Number: _____

Please check all that apply :

Approved Pick-up: _____ Emergency Contact: _____

Name: _____ Relationship to Child: _____

Cell Phone Number: _____

Please check all that apply :

Approved Pick-up: _____ Emergency Contact: _____

Name: _____ Relationship to Child: _____

Cell Phone Number: _____

Please check all that apply :

Approved Pick-up: _____ Emergency Contact: _____



Medical Information

Child's Doctor: _____ Doctor's Phone Number: _____

Does your child have any allergies to food or medication?
If so, please explain in detail:

Does your child have any other medical issues we should know about?
If yes, please explain in detail:

Is there any information our school should know about your child? Please list any
behavior or special needs that we need to be aware of:

I certify that my child to my knowledge, is in good health and free of disabilities that
would endanger him/her or other children. I agree to provide SMLC Preschool with a
current and up-to-date immunization record. When my child is ill, I understand and
agree that SMLC Preschool will not accept my child for care. **Parent Initials:** _____

Liability Release:

I hereby assume all risk of personal injury for all the years my child is attending or
participating in SMLC Preschool activities. I give permission to the school to call the
doctor or paramedic for medical care for my child should an emergency arise. It is
understood that a conscientious effort will be made to locate the child's
parent/guardian. However, if it is not possible to locate parents, this responsibility
will be accepted by SMLC Preschool. I release SMLC Preschool Staff, Board,
Director, Substitutes, Teachers, Aides, and volunteers from any and all liability
arising from claims of injuries or damages that either individually or on behalf of
your child might occur while any of these individuals are performing their duties.

Parent Initials: _____



Parent/Student Handbook

I certify that I have been provided with registration materials, tuition information, and a Parent/Student Handbook.

Parent Initials: _____

Social Media/Website Agreement

Photo Release:

SMLC Preschool will include photos of students, teachers, and the school on its website, Facebook, and Instagram pages. It is our policy that the names of the students will not be shared by the administration.

Please initial for permission to post photos of your child participating in our school activities. This would include our school Facebook, Instagram, and Website.

----- I hearby GIVE permission for SMLC Preschool to use photos on the school website and other forms of communication/advertisement.

----- I hereby DO NOT GIVE permission for SMLC Preschool to use photos on the school website and other forms of communication/advertisement.

Attendance/Tuition Agreement

I agree to let the director/teacher know if my child is going to be absent.

I agree to have my child at school on time by 9:00 am. This is imperative to start our day and keep the children on track.

I agree to pick my child up on time by 1:00 pm. There will be a \$1.00/minute charge after 1:05 pm. **Parent Initials:** -----

I agree to have tuition paid by the 1st of each month. I understand and agree to pay a \$25 late fee if tuition is paid after the 5th of the month and any other fees that may occur for a late or insufficient payment. I also agree that it is my responsibility to make tuition payable until proper termination of services requests have been made, as outlined in the student handbook.

Tuition for the school year is \$3,350.00 and is split into 10 equal payments of \$335.00, to be paid each month by the 1st of the month beginning in August and ending in May.

Tuition can be paid through Brightwheel or Square (fees apply), cash, or check.

Sibling discounts are given to any/all younger siblings for the entire school year. The Sibling rate is \$320.00/month. The full tuition amount will be charged to the oldest, and the younger will receive the sibling discount. **Parent Initials:** -----

By signing below, you agree that this is a legally binding form.
Providing false information will result in termination of services

Thank you for allowing us to be a part of your child's learning experience!

Parent Name (Printed): -----

Parent Signature: ----- Date: -----

Director Signature: ----- Date: -----