



St. Matthias Lutheran Church Preschool

Enrollment Form

2023-2024 School Year Registration

Child's Full Name: _____

Name to be called and taught to write: _____

Child's Date of Birth: _____

Age as of 9/1/2023 _____

Street Address: _____

City _____ State _____ Zip Code _____

Mother's Name _____ Cell #: _____

Place of Business: _____ Work #: _____

Email: _____

Father's Name _____ Cell #: _____

Place of Business: _____ Work #: _____

Email: _____

Child's Doctor: _____ Doctor Phone: _____

Medical Insurance: _____

Policy #: _____

Please choose one
Enrollment option only!

Enrollment Options

4 day (\$235/Month) M-Th _____

5 day (\$270/Month) M-F _____

Registration Fee \$150

Date Enrolled: _____

Preferred Form of payment for Tuition: _____

Enrollment Fee: \$ _____

Registration Payment Method: _____

Check #: _____

Date Paid: _____

Immunization Record on File: _____

Office Use Only

Do you have a home church? (Circle one) Yes No

If yes, church name: _____

Emergency Contact/Individuals that may pick up your child from school (other than parent):

*Please ensure persons picking up your child have ID as we will be asking for identification.

Name: _____ Relationship to child: _____ Cell: _____

Name: _____ Relationship to child: _____ Cell: _____

Name: _____ Relationship to child: _____ Cell: _____

Any special information our school should know about your child? Are there any behavior issues or special needs we need to be aware of?

Does your child have any allergies or on Medication? (If yes, please list and explain)

Fee Agreement: I agree to sign up for automatic tuition withdrawal, pay by invoice or cash or check and understand that on the 5th of each month my child's tuition will be withdrawn from my account or expected to be paid by your chosen form of payment. I understand and agree to pay a \$25.00 late fee if tuition is paid after the 5th of the month in addition to the insufficient fund fee charged by the bank of \$35.00. I also agree that it is my responsibility to make tuition payable until proper termination of services requests have been made as outline in the handbook.

Late Fee: Children are to be picked up by 1:00. There is a \$1.00 per minute late fee for children picked up after 1:00.

Sibling Discount to any/all younger siblings: 10% sibling discount.

When my child is ill, I understand and agree that SMLC Preschool will not accept my child for care.

I certify that my child is to my knowledge, in good health, and free of disabilities that would endanger him/her or other children.

Car Seat Teacher Buckle in agreement: St. Matthias Lutheran Preschool will use a car line drop off and pick up method. St. Matthias Lutheran Preschool staff is not responsible for securing your child into his or her car seat. At the time of drop off we will remove your child from the car. At pick up your child will be brought to your car where you will then secure your child in their safety seat. Please ensure that your child is in the correct safety seat for their age and weight. Please check out the SC guidelines on car seat requirements. All preschool children should be in a car seat, we are required to report any unsafe situations we may witness. St. Matthias Lutheran Church Preschool assumes no liability regarding whether or not your child is properly buckled in. It is the parent's responsibility to check the restraint system for proper latching before leaving St. Matthias Lutheran Church Preschool.

Photo Release: SMLC Preschool is including photos of students, teachers, and the school on its website, Instagram and Facebook page. It is our policy that the names of students will not be used by the administration.

Please check for permission to post photos of your child participating in school activities.

___I hereby give permission for SMLC Preschool to us 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 or other forms of communication/advertisement.

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 arises. It is understood that a conscientious effort will be made to locate the child's parent or 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, Teachers, and Volunteers from any and all liability arising from clams of injuries or damages that either individually or on behalf of your child might occur while any of these individuals are performing their duties.

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

Parent Name: _____

Parent Signature: _____ Date: _____

Director signature: _____ Date: _____

Thank you for trusting us with your precious child!