



Antioch Lutheran Preschool REGISTRATION FORM

ANTIOCH LUTHERAN CHURCH
33360 WEST 13 MILE ROAD
FARMINGTON HILLS, MI 48334

Sharon Detter: antiochpreschool@sbcglobal.net
Yahoo Group/Lynne Gagner antiochpreschool@yahoo.com
248-626-7906 EXT:228 FAX: 248-626-7619

Dear Parents,

Welcome to Antioch Lutheran Preschool. Your child's preschool experience is an exciting one. We have many wonderful learning opportunities planned for your child and are looking forward to a faith-filled school year.

On the reverse of this registration letter is the **initial-registration form** that will need to be completed and returned to the preschool with the appropriate non-refundable registration fee

- **3's and 4's**-\$35.00 for congregation members & \$65.00 for non-members (per family)
- Checks should be made out to **Antioch Lutheran Church**. A notation in the memo section should specify Preschool Registration.

A confirmation letter of your child's registration will be sent via email along with a health form. In addition, look for the first of 3 summer letters beginning in July; it will be emailed to you. The summer letter contains a link to Sign-Up Genius which is a tool for you to sign-up for a slot to attend final-step registration at the preschool in September and details how to pay tuition in August.

Please note: The *health appraisal form will be emailed with your child's enrollment confirmation.* (If you have not already done so, a physical exam should be scheduled for your child and this form should be taken to your child's physician appointment). Both sections, one for parent to complete and sign, and one for physician to complete and sign. The health form includes a **current immunization record**. (**Current and complete immunization records are required and must be returned before the first day of school**). **Please contact the Director if you have any questions as immunization waiver requirements have changed.**

Tuition can be paid in one lump sum or nine monthly payments can be made. Whichever payment plan you choose, tuition is due the 1st of each month or your child's school day closest to that date. The first tuition payment is due in **August**. This is a deposit which covers the last month (or May's tuition) and must be paid prior to the first day of preschool in September. If you are registering after August, both August and September's tuition must be paid.

Please feel free to let me know if I can answer any questions or be of any help in the process of registering your child for preschool. I look forward to a wonderful school year with you and your child and welcome you to the Antioch Family.

Respectfully,

Sharon Detter, Preschool Director

Antioch Preschool Initial-Step Registration Form *(revised 9-14-2018)*

Return this form with the appropriate registration fee to reserve a spot for your child.
A confirmation and further instructions will be sent via email.

FULL NAME OF CHILD _____
First Middle Last

NAME TO BE USED IN SCHOOL _____
(A nickname may be used verbally but a formal name used for labeling purposes, practice writing, etc.)

How did you hear about our program? Please specify: Church Sign ___ Friend/Relative ___
Website ___ Newspaper ___ Current Student ___ Other: _____

CHILD'S BIRTHDATE _____ CHILD'S CURRENT AGE _____

ADDRESS _____

EMAIL ADDRESS (ES) (**Required**-for confirmation/info/updates) Please PRINT.
*Each email address will be included in emailed information unless requested **not** to.*

HOME PHONE (_____) _____ - _____ Parent #1 Name: _____
and CELL (_____) _____ - _____
Parent #2 Name: _____
and CELL (_____) _____ - _____

Parent #1 WORK PHONE (_____) _____ - _____ Parent #2 WORK PHONE (_____) _____

TODAY'S DATE: _____ 3-year-old PROGRAM _____
4-year-old PROGRAM _____

Antioch Lutheran Church Member? YES ___ NO ___

NON-REFUNDABLE REGISTRATION FEE: _____
(Congregation members \$35.00) (Non-members \$65.00)

IS CHILD TOILET TRAINED? Y ___ N ___ This is **not** required, however, please make arrangements
with the Preschool Director before the start of school.

Food Allergies or Special Needs-Be specific: *(Note: Forms are required for medication/epi-pen administration
before the start of preschool):*

PARENTS/Legal GUARDIANS (Please describe: Mom, Step-mom, Grandmother, Dad, Step-dad,
Grandfather, etc.

(**PLEASE PRINT**) Guardian #1 _____
Guardian #2 _____

ADDRESS (IF DIFFERENT THAN CHILD'S) _____

RACE/ETHNICITY OF STUDENT:
(Required for federal reporting purposes) _____

Nondiscrimination policy: Antioch Lutheran Preschool admits and does not discriminate against any student on the
basis of any race, sex, color, national and ethnic origin, or religion in administration of its educational policies,
admissions policies and other school administered programs. All of the rights, privileges, programs and activities are
made available to all students at the school.

Office use only-Date _____ Paid ck# _____ Amount _____ 3's _____ 4's _____