



## Antioch Lutheran Preschool REGISTRATION FORM

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

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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). Two sections need to be completed, one for parent to complete and sign and one for your child's physician to complete and sign. Also, a **current immunization record must be submitted. (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 in nine monthly payments. Whichever payment plan you choose, tuition is due the 1st of each month or on your child's school day closest to that date. The first tuition payment is due in **August (look for details on new procedures for this summer payment)**. This 1<sup>st</sup> payment is a deposit which covers the last month (or May's tuition) and must be paid prior to your child's first day of preschool.

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 1-5-2019)*

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 (be specific)

\_\_\_\_\_  
(A nickname may be used verbally but a formal name used for labeling purposes, writing practice, 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 (Describe: Mom/Step-mom/Grandmother/Dad/Step-dad/Grandfather)

(**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.

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**Office use only**-Date \_\_\_\_\_ Paid ck# \_\_\_\_\_ Amount \_\_\_\_\_ 3's \_\_\_\_\_ 4's \_\_\_\_\_