



St. Michael Pre-Kindergarten Program
5750 N. High St.
Worthington, OH 43085
Telephone: 614-885-3149 ext. 152
stmichael.cdeducation.org

St. Michael Pre-Kindergarten Program Registration

Please include a \$100 registration fee (non-refundable) with a check made out to St. Michael Preschool.

Date _____ Check # _____ This registration form and check will hold your spot.
Child's Name _____ Child's date of birth _____

Registration Packet: (Due July 1)

***To complete your registration packet, please submit the remaining registration forms all at once in an envelope hand delivered or mailed to:

St. Michael Preschool, 5750 N. High St. Worthington, OH 43085.

Registration forms to complete registration packet can be found here:

<https://www.stmichaelworthington.org/admissions/preschool/>

We will be offering limited spots for each class. To qualify for a Pre-Kindergarten class, your child must be 4 by September 30, 2018 and toilet trained. We will follow the priority guidelines outlined on our website which can be found here: <https://www.stmichaelworthington.org/admissions/preschool/>

Class Registering for:

5 Full Day Pre-Kindergarten: 8:00 to 2:30 \$5,780 _____

3 Morning Pre-Kindergarten: M, W, F: 8:00 to 10:30 a.m. \$1,734 _____

2 Morning Pre-Kindergarten: T, TH 8:00 to 10:30 am \$1,156 _____

5 Afternoon Pre-Kindergarten: M-F 12:30 to 2:30 p.m. \$2,890 _____

Before Care and After Care: (this is an additional charge)

I will need before care from 7:15 to 8:00 \$360 total for aug-may (available for 5 day full time and morning classes only) _____

I will need after care from 2:30 to 4:30 \$1080 total for aug-may (available for 5 day full time and afternoon classes only) _____

Registration Information

Parent/Guardian Information:

Name: _____ Cell # _____ Work # _____
email address: _____ Relationship: _____

Name: _____ Cell # _____ Work # _____
email address: _____ Relationship: _____

Primary
Address: _____ City/State/Zip: _____

Child(ren) reside with: Both Parents Mother Father Divorced
If divorced, please include a certified copy of a custody agreement information that the St. Michael Preschool Program staff needs to know concerning your child's pick-up policy.

Student Information:

Child's Name _____ Age _____
Place of Birth: _____ Date of Birth: _____

Siblings enrolled at St. Michael Elementary School 2018-2019:

1. _____
Name Grade

2. _____
Name Grade

3. _____
Name Grade

4. _____
Name Grade

Younger Siblings:

1. _____
Name Age

2. _____
Name Age

Parish Information:

Registered Parish _____ Catholic: Yes No
(circle one)

Number of years registered at St. Michael (if applicable) _____

To the best of my knowledge, the above information is correct.

Parent's Signature _____ Date _____