



St Michael School Attention: Preschool
 64 E. Selby Blvd.
 Worthington, OH 43085
 Telephone: 614-885-3149
 stmichael.cdeducation.org

Office use only:	
Date	
Time	
Priority	

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 placed in the prekindergarten director's hands and check will hold your spot.

To complete your registration:

Please submit the remaining registration forms *all at once* in an envelope hand delivered or mailed to: St. Michael School Attention: Preschool, 64 E. Selby Blvd, Worthington, OH 43085. Registration packets are due June 1. Forms submitted one at a time will be returned to you until you are able to submit your complete packet.

We will be offering limited spots for each class. To qualify for a Pre-Kindergarten class, your child must be 4 by September 30, 2019 and fully toilet trained. We will follow the priority guidelines outlined below and on our website which can be found here:

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

- We register according to priority levels. Please check your level below:
1. ___ Re-Registering
 2. ___ Sibling of a past or present St. Michael Student
 3. ___ Registered member of St. Michael Parish
 4. ___ Registered member of another Catholic Church
 5. ___ Community member

Class Registering for: (please write "1st choice, 2nd choice, 3rdchoice, etc.")

5 Full Day Pre-Kindergarten: 7:45 to 3:00 \$5,954 _____

5 Morning Pre-Kindergarten, M-F : 7:45 to 10:30 \$2,977 _____

5 Afternoon Pre-Kindergarten, M-F : 12:30 to 3:00 \$2,977 _____

3 Morning Pre-Kindergarten M,W,F: 7:45 to 10:30 \$1,786 _____

2 Morning Pre-Kindergarten T,TH: 7:45 to 10:30 \$1,191 _____

Before Care and After Care:

I will need before care from 7:15 to 7:45 \$371 total for aug-may (available for 5 day full time and morning classes only) _____

I will need after care from 3:00 to 4:30 \$1113 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 _____ Male Female
Place of Birth: _____ Date of Birth: _____

Siblings enrolled at St. Michael Elementary School 2019-2020:

1. _____
Name Grade
2. _____
Name Grade
3. _____
Name Grade
4. _____
Name Grade

Do you have an interest in: 1. ____ becoming a member of St. Michael Church? 2. ____ enrolling your child at St. Michael Kindergarten?
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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 _____

- Deadlines matter. Priority will only be honored if registration deadlines are upheld.
- Within the prioritized structure, applications will be treated on a first come, first served priority.
- The priority structure serves as a guideline. The Pastor and Principal have the final decision on all student admissions.
- St. Michael Prekindergarten will not deny admission on the basis of race, color or national origin.