



Child's Name _____

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

Child's Name: _____

Date _____ Check # _____

This registration form 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 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

We will be offering limited spots for each class. To qualify for a PreKindergarten class, your child must be 4 by September 30, 2020 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/>

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

5 Full Day Pre-Kindergarten: 7:45 to 3:00 \$6,133 _____

5 Morning Pre-Kindergarten, M-F : 7:45 to 10:30 \$3,067 _____

5 Afternoon Pre-Kindergarten, M-F : 12:30 to 3:00 \$3,067 _____

3 Morning Pre-Kindergarten M,W,F: 7:45 to 10:30 \$2,500 _____

2 Morning Pre-Kindergarten T,TH: 7:45 to 10:30 \$2,000 _____

Before Care and After Care: (additional charge) Before care: (available for 5 day full time and morning classes only)

Before Care: 7:00-7:45 cost \$600 _____

After care: (available for 5 day full time and afternoon classes only)

After Care: until 6:00 p.m. cost \$2500 _____

Drop in Option: (available for 5 day full time and afternoon classes only)

3:00 to 6:00 pm \$70 a week Monday-Friday or \$14 a day

Office use only:	
Date	
Time	
Priority	
FACTS	



Child's Name _____

Registration Information

Parent/Guardian Information:

Name: _____ Cell # _____ Work # _____
email address: _____ Relationship: _____
Primary
Address: _____ City/State/Zip: _____

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: _____
Language Spoken at home: _____

Siblings enrolled at St. Michael Elementary School 2020-2021:

- 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?

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.