

The Archangel Michael Preschool 100 Fairway Drive, Port Washington, NY 11050 516-944-3184 preschool@archangelmichaelchurch.org

Application for Enrollment 2022-2023

Director Signature

I hereby apply for enrollment of	my chil	d in the	e Archangel	Michael	Presch	ool:			
Child's Name:			Gender:_	Dat	e of Bir	th:		Class:	
Home Address:						Tel:			
Parent Name:				Pro	fession	:			
Email Address:				Cell	Phone	:			
Parent Name:				Pro	fession	:			
Email:				Cell	Phone	:			
Allergies:									
Please circ Half Day Session: 9:00-11:30	le the se	ession a	ind days you Session 9:0	-				/Wed/Thurs	:)
Toddler (2s) Half-Day 3 Nursery (3s) Full Day 3 Pre-K (4s) Full Day	4 4	5 5	Nursery	- Half Day	7 3	4	5		
5 half-days \$5,900 5 full-days \$7,950	4 half-days \$5,00 4 full-days \$6,86							3 half-days \$4,800 3 full-days \$5,940	
Authorization & Agreement A \$100 non-refundable registrat	ion fee i	must a	ccompany tl	nis applic	ation.				
Tuition Payment Options: 1 payment due on or before Sept 2 Payments due on or before Fel		~	•		discour		al Here		
Total amount due \$to the acceptance of the School I required medical examination refollowed. *Additional fee for non-chu	Director ecords, a	and Sc and all	chool Board.	Paymen	t of all	require	d fees, s		•
Parent/Guardian Signature		Date	e Pa	nrent/Gu	ardian	Signatu	re	Da	ıte
·				•		_			

Date