



# St. Martin's Preschool

## A P P L I C A T I O N

5220 Clemson Avenue · Columbia, SC 29206  
 Phone: 803-787-6406 · Fax: 803-845-3202  
 Helen Kline, Director  
*helen.kline@smifsc.com*

Age Group	Monthly Tuition
<input type="checkbox"/> Infant I (6 weeks-6 months)	\$900
<input type="checkbox"/> Infant II (6 months-12 months)	\$900
<input type="checkbox"/> Toddler I (12-18 months)	\$800
<input type="checkbox"/> Toddler II (18-24 months)	\$800
<input type="checkbox"/> Twos I (24-30 months)	\$775
<input type="checkbox"/> Twos II (30-36 months)	\$775
<input type="checkbox"/> Threes	\$750
<input type="checkbox"/> Fours	\$750

	Enrollee Type	Month-to-Month Extra Care
Application Status:	<input type="checkbox"/> My child is currently enrolled in SMIF Preschool <input type="checkbox"/> This is a sibling of an already-enrolled child (Note: for sibling registrations, \$200 fee waived)	Early care (7:30-8:30 a.m.) can be added for \$90 monthly. Extended Care (4:30-5:30 p.m.) can be added for \$90 monthly. <b>NOTE: if you commit to both, Extended Care is \$45.</b>

### CHILD INFORMATION

Full Name:	<small>FIRST</small> <small>MIDDLE</small> <small>LAST</small>	Date of Birth:
Preferred Name:	Preferred Gender:	
Street Address		Zip Code
Sibling name(s) if applicable		

### FAMILY INFORMATION

First Parent Name:		
Cell Phone:	Carrier:	Work Phone:
Email:		
Employer Name & Address:		
Second Parent Name:		
Cell Phone:	Carrier:	Work Phone:
Email:		
Employer Name & Address:		
Church Membership		

### REGISTRATION GUIDELINES AND ACKNOWLEDGEMENT

1. \$200 registration fee is nonrefundable. \$150 semi-annual supplies fees will be added to your bill.
2. An immunization certificate showing your child is current with all vaccinations is required by DHEC the first day of school. Immunizations must be kept current throughout the school year or we are required to ask you to withdraw your child.
3. I give St. Martin's Preschool permission to photograph and post pictures of my child in the classroom on St. Martin's social media accounts and/or website and/or publications.

\_\_\_\_\_ (Initial) – I have read and understand the guidelines listed above.

#### Office Use Only

Date Enrolled:	Registration paid – ck#	SC Cert of Immunity
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**EMERGENCY: IF PARENTS CANNOT BE LOCATED, IN CASE OF ILLNESS OR ACCIDENT, NOTIFY:**

1. Name:	Relationship:	Phone:
2. Name:	Relationship:	Phone:

**IF MEDICAL ASSISTANCE IS REQUIRED, IT IS REQUEST THAT THE FOLLOWING PHYSICIAN OR DENTIST BE NOTIFIED**

Physician:	Phone
Address:	
Health Insurance Provider	ID/Group
Dentist	Phone
Address	

List any known allergy your child has:

**MEDICAL TREATMENT RELEASE FORM**

I give permission for medical treatment of my child, \_\_\_\_\_ by a doctor and/or hospital in case of an emergency when neither parent(s) nor person(s) listed as emergency contacts can be reached.

I hereby authorize the director or assistant director of St. Martin's Preschool to execute any and all documents including any necessary releases on my behalf, which might be required, by any medical facility or physician to perform any emergency care, on account of any accident or illness sustained or incurred by my child, named above, while attending St. Martin's Preschool.

I further agree that in consideration of my child's attending St. Martin's Preschool, I will hold St. Martin's Preschool, and its agents and servants, harmless from any action by me or my child on account of any injury or damage sustained or suffered by my child while attending St. Martin's Preschool or field trips.

I certify that my child, named above, is in good health and requires no special medical care or treatment while at St. Martin's Preschool.

Parent's Signature:	Date:
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**RELATIVES/SITTERS WHO HAVE PERMISSION TO PICK UP MY CHILD**

Name:	Phone:
Name:	Phone:
Name:	Phone:

St. Martin's Preschool does not discriminate on the basis of race, color, creed, sex, sexual orientation, gender identify, national or ethnic origin in the administration of its educational policies, admission policies, financial aid programs, or any other school administrated programs.