St. Michael's Preschool

Wait List Enrollment

Date of Application:_____

Child's Date of Birth:_____

Child's Sex: M F

Child's Full Name:_____
Last First Middle Nickname

Child's Address:_____
Street City Zip

Mother's Name:_____ Father's Name:_____
Mother's Cell Phone:_____ Father's Cell Phone:_____
Mother's Email:_____ Father's Email:_____

Does child live with both parents: Y / N
Are you a member of St. Michael's Episcopal Church: Y / N

St. Michael's Preschool admits students of any race, color, and national ethnic origin.

Please email this form to preschool@stmichaelschurch.com.

To schedule a tour, please call Melanie Olivier, Director
(407)843-8448x245.

Thank you for your interest in our school. We look forward to meeting you!