

St. Mary Magdalene Catholic Preschool
 2252 Woodruff Road ♦ Simpsonville, SC 29681
 (864) 288-4884 x4250 ♦ katiej@smmcc.org

SMM Parishioner? YES NO		Envelope # _____		Tuition \$ _____	
Parishioner of other local parish _____					
Reg. Fee \$ _____		Check # _____		Date _____	
(Registration Fees are non-refundable)					
Child's Name:					
First		Middle	Last	Name child goes by:	
Date of Birth:			Age as of September 1, 2021:		
Address:					
City:		State: SC		Zip Code:	
Email:					
Mother's/Guardian's Name:					
Cell # ()			Other # ()		
Father's/Guardian's Name:					
Cell # ()			Other # ()		
PLEASE DESCRIBE ANY ALLERGIES, PHYSICAL OR EMOTIONAL DISABILITIES, OR OTHER CONDITIONS THAT WE SHOULD BE AWARE OF:					
NOTE: ALL CHILDREN ENTERING K3, K4 and K5 MUST BE TOILET-TRAINED.					
In case of an emergency:					
If you are not available, who may we contact?					
Name:					
Relationship to child:				Phone # ()	
Child's Doctor:				Phone # ()	
I have been given a Parent Handbook, and I am aware of my rights and responsibilities.					
Parent/Guardian Signature:				Date:	

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Release of Liability

I/We the parents/guardians of _____

attest that he/she is covered by _____

medical insurance policy. I/We also hereby release St. Mary Magdalene Catholic Church, the Preschool, the director, the teachers and all volunteer staff from any liability, claims and demands in the case of an accident that might occur to my/our son/daughter while participating in any Preschool activities.

Signature: _____ Date: _____

Treatment Consent

I/We understand that in the event of an accident that would require emergency treatment, every effort will be made to reach me/us. If I/we cannot be reached, I/we give permission to the director or his/her assigns to secure medical attention for my/our son/daughter.

Signature: _____ Date: _____

Doctor's Name: _____

Doctor's Phone #: _____

ACCEPTANCE OF PRESCHOOL TERMS AND POLICIES

Student's Name: _____ Class: _____

I have received and read a copy of the St. Mary Magdalene Catholic Preschool Parent Handbook. My signature below signifies my acceptance of the terms and policies of the Preschool. I understand that my child(ren) may be dismissed from the program if:

- Tuition is 30 days past due.
- SMMCP cannot appropriately meet my child's specific needs.
- There is continual negligence by parents of the policies and procedures.
- My child cannot participate effectively in classroom activities or interferes with the participation of other children. (Should this occur, the teachers, along with the director, will make the final decision regarding what is in the best interest of the entire class.)

Parent/Guardian Name (Please Print)

Relationship to Student

Signature

Date