St. Mark Preschool Registration Form

2020-2021 School Year
Please Print Legibly

Please Specify 3-Year-Old Class 4-Year-Old AM Class or 4-Year-Old PM Class
Students must be toilet trained

____3-Year-Old Class	**____4-Year-Old Class AM**	**____4-Year-Old Class PM**
Tuesday/Thursday 9:00 - 11:15 AM	Monday/Wednesday/Friday 9:00 - 11:45 AM	Monday/Wednesday/Friday 12:30 – 3:15 PM
9 payments of $81/ month or $729/ year	9 payments of $135/ month or $1,215/ year	9 payments of $135/ month or $1,215/ year
Must be at least 3 years old by Sept. 1, 2020	Must be at least 4 years old by Sept. 1, 2020	Must be at least 4 years old by Sept. 1, 2020

STUDENT INFORMATION

Full Name: _____ Preferred Name: _____

Address _____
Street City State Zip

Student's Date of Birth _____ Sex _____

Home School District _____

Present Church Affiliation _____

Has your child had any experience in an organized group (school, daycare, sports, playgroup, etc.)?
____Yes ____No If yes, briefly describe:

_____

_____

PARENT INFORMATION

Father's / Guardian's Name _____

Address _____ Phone _____

E-mail Address _____ Cell Phone _____

Father's Place of Employment _____ Phone _____

Mother's / Guardian's Name _____

Address _____ Phone _____

E-mail Address _____ Cell Phone _____

Mother's Place of Employment _____ Phone _____

OVER

St. Mark Preschool Registration Form
Continued

Child's Name _____

Family Information

List all people (including parents) living in the household

Name	Relationship to child	Age if Child

Would you be willing to help plan a fundraiser to earn money for various classroom needs? _____ Yes _____ No

Please share any additional information that you feel will be helpful for the teaching staff to know while working with your child this year.

_____

_____

_____

_____

_____

_____

_____

Our signature(s) on this form indicates that we wish to enroll our child and have read, understand, and intend to comply with the information in St. Mark Preschool's Handbook

_____ and/or _____

Mother/Guardian Date Father/Guardian Date

Please include a **$30.00** **<u>non-refundable</u>** registration fee with this form
Please make checks payable to St. Mark Preschool

Please mail form and payment to

St Mark Preschool - 129 Charles Street - Hanover PA 17331

($30 Registration fee received by _____ on _____)