

St. Mark Preschool Registration Form

2020-2021 School Year

Please Print Legibly

Please Specify Which Class You Are Registering For
Students must be toilet trained

3-Year-Old Class
Tuesday/Thursday

FULL /
9 payments of \$81/
month or \$729/ year
Must be at least 3 years
old by Sept. 1, 2020

3-Year-Old Class
Monday/Wednesday

9:00 - 11:15 AM
9 payments of \$81/
month or \$729/ year
Must be at least 3 years
old by Sept. 1, 2020

4-Year-Old Class
AM

FULL
9 payments of \$135/
month or \$1,215/ year
Must be at least 4 years
old by Sept. 1, 2020

4-Year-Old Class
PM

CANCELLED
9 payments of \$135/
month or \$1,215/ year
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 non-refundable** 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 _____)