



# St. Mark Preschool Registration Form

2023-2024 School Year

Please Print Legibly



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

<u>3-Year-Old Class</u> <b>Tuesday/Thursday</b> 9:00 - 11:15 AM 9 monthly payments of \$94 or \$846/year Must be at least 3 years old by Sept. 1, 2023	<u>3-Year-Old Class</u> <b>Monday/Wednesday</b> 9:00 - 11:15 AM 9 monthly payments of \$94 or \$846/year Must be at least 3 years old by Sept. 1, 2023	<u>4-Year-Old Class</u> <b>AM</b> Mon./Wed./Fri. 9:00 - 11:45 AM 9 monthly payments of \$176 or \$1,584/year Must be at least 4 years old by Sept. 1, 2023	<u>4-Year-Old Class</u> <b>PM</b> Mon./Wed./Fri. 12:30 - 3:15 PM 9 monthly payments of \$176 or \$1,584/year Must be at least 4 years old by Sept. 1, 2023
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## 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 \_\_\_\_\_

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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.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 **\$35.00 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**

(\$35 Registration fee received by \_\_\_\_\_ on \_\_\_\_\_)