



St. Mark Preschool Registration Form

2024-2025 School Year

Please Print Legibly



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

____ **3-Year-Old Class**

Tuesday/Thursday

9:00 - 11:15 AM

9 monthly payments of
\$96 or \$864/year

Must be at least 3 years
old by Sept. 1, 2024

____ **3-Year-Old Class**

Monday/Wednesday

9:00 - 11:15 AM

9 monthly payments of
\$96 or \$864/year

Must be at least 3 years
old by Sept. 1, 2024

The 4-Year-Old

AM Class

Is Now Full

____ **4-Year-Old Class**

PM

Mon./Wed./Fri.

12:30 – 3:15 PM

9 monthly payments of
\$180 or \$1,620/year

Must be at least 4 years
old by Sept. 1, 2024

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 (located at stmarkpreschoolhanover.weebly.com)

Mother/Guardian Date and/or _____
Father/Guardian Date

Please include a **\$35.00 non-refundable** registration fee with this form
Please make checks payable to St. Mark Preschool

**Please return the completed form and payment to St. Mark Preschool
St Mark Preschool - 129 Charles Street - Hanover PA 17331**

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