



# St. Mark Preschool Registration Form

2025-2026 School Year

Please Print Legibly



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

___ <b>3-Year-Old Class</b> <b>Tuesday/Thursday</b> 9:00 - 11:15 AM 9 monthly payments of \$100 or \$900/year Must be at least 3 years old by Sept. 1, 2025	___ <b>3-Year-Old Class</b> <b>Monday/Wednesday</b> 9:00 - 11:15 AM 9 monthly payments of \$100 or \$900/year Must be at least 3 years old by Sept. 1, 2025	___ <b>4-Year-Old Class</b> <b>AM</b> Mon./Wed./Fri. 9:00 - 11:45 AM 9 monthly payments of \$180 or \$1,620 year Must be at least 4 years old by Sept. 1, 2025	___ <b>4-Year-Old Class</b> <b>PM</b> 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, 2025
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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 \_\_\_\_\_

# 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 (located at [stmarkpreschoolhanover.weebly.com](http://stmarkpreschoolhanover.weebly.com))

\_\_\_\_\_, \_\_\_\_\_ and/or \_\_\_\_\_, \_\_\_\_\_  
 Mother/Guardian Date Father/Guardian Date

Please include a **\$45.00 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**

(\$45 Registration fee received by \_\_\_\_\_ on \_\_\_\_\_)