



St. Mark Preschool Registration Form

2026-2027 School Year

Please Print Legibly



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

3-Year-Old Class	3-Year-Old Class	4-Year-Old Class	4-Year-Old Class
Tuesday/Thursday	Monday/Wednesday	AM	PM
9:00 - 11:15 AM	9:00 - 11:15 AM	Mon./Wed./Fri.	Mon./Wed./Fri.
9 monthly payments of \$105 or \$945/year	9 monthly payments of \$105 or \$945/year	9:00 - 11:45 AM	12:30 - 3:15 PM
Must be at least 3 years old by Sept. 1, 2026	Must be at least 3 years old by Sept. 1, 2026	9 monthly payments of \$185 or \$1,665 year	9 monthly payments of \$185 or \$1,665/year
		Must be at least 4 years old by Sept. 1, 2026	Must be at least 4 years old by Sept. 1, 2026

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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Continued

Child's Name _____

Family Information

List all people (including parents) living in the household

Name	Relationship to child	Age if Child

Was your child premature? _____ If yes, how many days or months? _____
(We are asking this because being born premature can affect their developmental age)

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)

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

Please include a **\$50.00 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**

(\$50 Registration fee received by _____ on _____)

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