



Enrollment Application

Date of Submission: _____

Child Information

Child's Full Name: _____

Date of Birth: _____

Is your child fully potty trained? Yes No

Child's Current Age: _____

Parent Information

Parent/Guardian(1): _____ Relationship to child: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Parent/Guardian(2): _____ Relationship to child: _____

Address: _____ City: _____ Zip: _____
(Check if same as above)

Home Phone: _____ Cell Phone: _____ Email: _____
(Check if same as above)

Enrollment Information

Estimated Start Date: _____

Month/Year

NOTE: Please understand that we will try to accommodate all scheduling preferences

I would like to enroll for 2 days 3 days 4 days 5 days

1st Preference of Days: Monday Tuesday Wednesday Thursday Friday

2nd Preference of Days: Monday Tuesday Wednesday Thursday Friday

How were you referred to St. Mark Community Preschool?

<p>Preschool Hours: 9:00am to 1:00pm Monday through Friday</p> <p>Optional Extended Care: (\$10/hour) 8:00am to 9:00am Monday through Friday <i>and</i> 1:00pm to 2:00pm Monday through Thursday</p>

A non-refundable application fee of \$25.00 per child is due with this form. A non-refundable Registration fee of \$125.00 per family and the first month's tuition payment are due when we have a space available for your child. This form does not guarantee enrollment. Your child will be added to our waiting list and we will contact you if a spot becomes available. We reserve the right to determine whether the preschool will or will not offer enrollment to families and/or individuals.

Signature of Parent / Guardian

St. Mark Community Preschool