



# 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

1<sup>st</sup> Preference of Days:  Monday  Tuesday  Wednesday  Thursday  Friday

2<sup>nd</sup> Preference of Days:  Monday  Tuesday  Wednesday  Thursday  Friday

How were you referred to St. Mark Community Preschool?

<p><b>Preschool Hours:</b> 9:00am to 1:00pm Monday through Friday</p> <p><b>Optional Extended Care:</b> <b>(\$10/hour)</b> 8:00am to 9:00am Monday through Friday <i>and</i> 1:00pm to 2:00pm Monday through Thursday</p>
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**A non-refundable application fee of \$25.00 per child is due with this form. SMCP prefers a payment of cash or check.** A non-refundable Registration fee of \$150.00 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