

St. Mark Lutheran Church Preschool
REGISTRATION FORM 2024-2025

PLEASE PRINT

Child's full name: _____ Child's sex: _____

Name your child goes by: _____ Birthday _____

Address: _____

Street

City

Zip Code

Name of Mom or Guardian _____

Home Phone # _____ Cell # _____ E-mail _____

Mother's employer (& rank, if applicable): _____ Work phone _____

Name of Father or Guardian _____

Home Phone # _____ Cell # _____ E-mail _____

Father's employer (& rank, if applicable): _____ Work phone _____

Church Affiliation: _____

Previous Child Care Programs and Schools Attended _____

If Child Attends this Center and Another Program, Give Name _____

Is your child toilet trained? _____ (this is necessary to participate in 3 and 4 year program)

Allergies or Intolerance to Food, Medication, etc., and action to take in an emergency:

Child's Physician _____ Phone _____

Two People to Contact if Parents cannot be reached

Address

Phone

1. _____

2. _____

Person(s) Authorized to Pick up Child _____

Person(s) NOT Authorized To Pick up Child _____

The registration fee and the first month’s tuition must be paid at the time of registration.
REGISTRATION FEE IS NOT REFUNDABLE. St. Mark is open to all without regard to race or religion.
Your child should be 2½, 3 or 4 years old on or before September 30, 2023 to be eligible for this program.
Tuition must be paid in advance on the first day of each month, September-May.

Fees: Registration Fee: \$70 (nonrefundable)

Supply Fee: To be paid in September	Tuition: To be paid the first of each month
2 day = \$75	2 day = \$160/month
3 day = \$85	3 day = \$180/month
4 day = \$95	4 day = \$200/month
5 day = \$105	5 day = \$220/month

I am enrolling my child in:	Registration (\$70) + September Tuition Due
_____ 2 ½ year old, 2 day program, Wed. and Fri.	\$70 + \$160 = \$230
_____ 3 year old, 2 day program, Tues. and Thurs	\$70 + \$160 = \$230
_____ 3 year old, 3 day program + STEM, Mon, Tues & Thurs	\$70 + \$180 = \$250
_____ 4 year old, 4 day program, Mon. – Thurs.	\$70 + \$200 = \$270
_____ 4 year old, 5 day program + STEM, Mon–Fri	\$70 + \$220 = \$290

- Agreements:
1. St. Mark Preschool agrees to notify the parents,/guardians whenever the child becomes ill and the parents,/guardians will arrange to have the child picked up as soon as possible if so requested by the preschool.
 2. The parents, guardians, authorize St. Mark Preschool to obtain immediate medical care if any emergency occurs when the parents, guardians cannot be located immediately. **
 3. The parents/guardians agree to inform St. Mark Preschool within 24 hours or the next business day after his/her child has developed a reportable communicable disease as defined by the State Board of Health except for life threatening diseases which must be reported immediately.
 4. St. Mark Preschool cannot be held responsible for medical conditions not disclosed on this registration form. Please make sure to disclose all pertinent medical information.
- ** If there is an objection to seeking emergency medical care, a statement should be obtained from the parents/guardians that states the objection and the reason for the objection.

Please return this **application** in person to the Director with your **child’s birth certificate** (new students only).
If you have any questions you may call the Director, Mandy Hunt, (757) 876-0513

_____	Parent’s signature	_____	Date
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<b>Do not write in this space</b>			
Received: Amount: \$ _____	Date: _____		
Birth Certificate# or State File# _____	Full Name _____		
Place of Birth _____	Date of Birth _____		
Date Issued _____	Other Form of Proof _____		
Person Reviewing Documentation _____			