

**St. Mark Lutheran Church Preschool  
REGISTRATION FORM 2025-2026**

**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, 2025** 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)

**One Time Supply Fee:** Paid in September

2 day = \$75

3 day = \$85

4 day = \$95

5 day = \$105

**Monthly Tuition:** Paid the 1st of each month

2 day = \$165/month

3 day = \$185/month

4 day = \$205/month

5 day = \$225/month

I am enrolling my child in:

\_\_\_\_\_ 2 ½ year old, 2 day program, Wed. & Fri.

\_\_\_\_\_ 3 year old, 2 day program, Tues. & Thurs

\_\_\_\_\_ 3 year old, 3 day program + STEM, Mon, Tues & Thurs

\_\_\_\_\_ 4 year old, 4 day program, Mon. – Thurs.

\_\_\_\_\_ 4 year old, 5 day program + STEM, Mon–Fri

**Class Time Reg (\$70) + Sept. Tuition Due**

9:30-12:00 \$70 + \$165 = \$235

9:30-12:30 \$70 + \$165 = \$235

9:30-12:30 \$70 + \$185 = \$255

9:15-12:15 \$70 + \$205 = \$275

9:15-12:15 \$70 + \$225 = \$295

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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**Do not write in this space**

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 \_\_\_\_\_