

PLEASE FILL IN ALL BLANKS ON BOTH SIDES OF FORM, COMPLETELY

Class Day: _____

Age: _____

ST. MARK'S LUTHERN PRESCHOOL – 2021-2022

APPLICATION FOR ENROLLMENT

Child's Name: _____ Name used in class: _____

Date of Birth: _____ Sex: Female Male

Child Baptized? Yes No

Name of Father: _____ Cell#: _____

Address: _____ Tel#: _____

City / State / Zip: _____ Email: _____

Occupation: _____ Tel # _____

Firm Name & Address: _____

Work Schedule: _____

Church Affiliation: _____ Pastor: _____

Name of Mother: _____ Cell#: _____

Address: _____ Tel#: _____

City / State / Zip: _____ Email: _____

Occupation: _____ Tel # _____

Firm Name & Address: _____

Work Schedule: _____

Church Affiliation: _____ Pastor: _____

Who does this child live with? Both Parents _____ Mother _____ Father _____

Brothers & Sisters (Names & Ages) _____ Pets (Kinds & Names) _____

Local person to be notified in case of emergency, when parents/guardians are not available during class time:

Name: _____ Relationship: _____

Address: _____ Tel#: _____

Name of persons authorized to call for my child:

Relationship _____ Tel#: _____

Relationship _____ Tel#: _____

Name if child goes to a babysitter: _____

List any problems, allergies, or health concerns of the child:

A NON-REFUNDABLE REGISTRATION FEE OF \$85.00+\$25.00 Supply Fee MUST BE TURNED INTO THE OFFICE WITH THIS FORM TO RESERVE A SPOT.

For Office Use Only: Registration Fee Pd Supply Fee Pd 1st Day of School Immunization Medical Other

MEDICAL CONSENT

I give my consent for emergency medical care or treatment, to be used only if I cannot be reached immediately.

Signature of parent or guardian

Date

Physician's Name

Physician's Address

Physician's Phone

PREFERENCE FOR CLASS TIME

4 & 5 YEAR OLDS

_____ Monday, Wednesday & Friday Morning Class

3 YEAR OLDS

_____ Monday, Wednesday & Friday Morning Class

_____ Tuesday & Thursday Morning Class

Is there any reason why other days would not suit you?

ST. MARK'S LUTHERAN PRESCHOOL FIELD TRIPS

I give permission for _____
to attend all field trips in the 2021-2022 school year. Notice will be given in advance of any field trips.

Parent's Signature

Date

ST. MARK'S LUTHERAN PRESCHOOL

2021 - 2022

CHILD HEALTH FORM

Name _____

Address _____

Parent or Guardian _____

Birthday _____

State specific instructions for the care of the child with special problems, including allergies:

For medical reasons, this child should not receive the following immunizations:

I certify that I have examined the above child on this day and that he/she is able to participate in preschool activities.

Physician's Signature

Date

Address

City/State/Zip

Phone