

Age: _____

ST. MARK'S LUTHERAN PRESCHOOL and 4K – 2023-2024 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#: _____

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

How did you hear our Preschool / 4K? _____

A NON-REFUNDABLE REGISTRATION FEE OF \$100.00+\$40.00 Supply Fee MUST BE TURNED INTO THE OFFICE WITH THIS FORM TO RESERVE A SPOT.