



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

For Office Use Only:
2 day []
3 day []
4 day []

ST. MARK'S LUTHERAN PRESCHOOL - 2024-2025
APPLICATION FOR ENROLLMENT

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

Age: _____ 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 about our Preschool? _____

*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.

For Office Use Only: Registration Fee Pd [] _____ Supply Fee Pd [] _____ Immunization [] Medical []

Original Start Date _____



St. Mark's



Lutheran Preschool

PREFERENCE FOR CLASS TIME

_____ 2-Day Class (Tuesday, Thursday)

_____ 3-Day Class (Monday, Wednesday, Friday)

_____ 4-Day Class (Monday – Thursday)

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



FIELD TRIP PERMISSION



I give permission for _____

to attend all field trips in the 2024-2025 school year. Notice will be given in advance of any field trips.

Parent's Signature

Date