



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

For Office Use Only: 2 day, 3 day, 4 day, 5 day checkboxes.

ST. MARK'S LUTHERAN PRESCHOOL - 2025-2026 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+\$50.00 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

- _____ 2-Day Class (Tuesday, Thursday)
_____ 3-Day Class (Monday, Wednesday, Friday)
_____ 4-Day Class (Monday – Thursday)
_____ 5-Day Class (Monday – Friday)

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 2025-2026 school year. Notice will be
given in advance of any field trips.

Parent's Signature

Date