

ST. MARK'S PRESCHOOL
Registration for Enrollment - SCHOOL YEAR
(630) 584-4850
E-Mail: preschool@stmarkslife.org



• **Current Student** • **Sibling** • **Church Member** • **Alumni** • **New**

How did you hear about our school? _____

Student's Name _____ M _____ F _____
(Please fill out a separate form for each child.)

Address _____
(Street) (City) (State) (Zip code)

Mother's Name _____ Mother's Phone _____

Father's Name _____ Father's Phone _____

E-Mail Address _____ Child's birth date _____

- TTH3s 9:15-11:45 (\$185/month)
- TTHF3s 8:45-11:15 (\$235/month)
- MWF4s 9:15-11:45 (\$240/month)
- M-TH4s (S) 9-11:30 (\$299/month)
- M-TH4s (B) 9:30-noon (\$299/month)

*Your first choice will be accommodated if space in that class is available; otherwise, your second choice will be assigned. St. Mark's Preschool reserves the right to cancel a class. Enrollment is determined on a first come, first served basis contingent upon payment of a \$100 non-refundable fee payable to St. Mark's Preschool. New students can begin registering on Sunday January 26. Parents will be notified of confirmed placement by mid-February.

Parent (Guardian) signature Date

Registration fee paid: Date _____ Ck# _____ Amt. \$ _____