



St. Mark's Preschool  
101 S. 6<sup>th</sup> Avenue  
St. Charles, IL 60174  
(630) 584-4850

## REGISTRATION FORM

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*(What they like to be called [ex: Jonathan/Johnny])* *Month/Day/Year*

Church affiliation/Church home: \_\_\_\_\_ Baptized: Yes/No Baptism date: \_\_\_\_\_

### PARENT OR GUARDIAN INFORMATION

Home address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone# \_\_\_\_\_

Father's name: \_\_\_\_\_ Occupation & Employer: \_\_\_\_\_

Employer address: \_\_\_\_\_ Phone # \_\_\_\_\_

Father's Cell phone # \_\_\_\_\_ Email: \_\_\_\_\_

Home Address (if different from above): \_\_\_\_\_

Mother's name: \_\_\_\_\_ Occupation & Employer: \_\_\_\_\_

Employer address: \_\_\_\_\_ Phone # \_\_\_\_\_

Mother's Cell phone # \_\_\_\_\_ Email: \_\_\_\_\_

Home Address (if different from above): \_\_\_\_\_

Parent's Marital Status: \_\_\_\_\_

Siblings: (names/ages) \_\_\_\_\_

### EMERGENCY INFORMATION

Child's Doctor	Doctor's Address & Phone #	Hospital

Child's Allergies? (Medications, Food, etc.) **Yes/No** If yes please fill out yellow emergency health care plan form, both sides with doctor's signature

Food Allergies: \_\_\_\_\_

### PERSONS (2) TO CALL IN CASE OF EMERGENCY IF PARENTS ARE UNABLE TO BE NOTIFIED

Name	Address/City/Zip	Phone
1.		
2.		

### PERSONS (2) TO WHOM CHILD MAY BE RELEASED IN ABSENCE OF PARENTS

Name	Address/City/Zip	Phone
1.		
2.		

## ST. MARK'S PRESCHOOL - CONSENT FORM

<b>CONSENT FOR:</b>  <div style="text-align: center; border-top: 1px solid black; width: 80%; margin: 0 auto;">                 _____                  (Please print child's name &amp; class)             </div>		
<u>EMERGENCY/FIRST AID:</u> In case of emergency or sickness, I hereby give my consent for St. Mark's Preschool to administer first aid or obtain emergency care. Emergency care is through a clinic, hospital, or private doctor and this procedure will be used only if I <u>cannot</u> be reached.	<b>NO</b>	<b>YES</b>
<u>FIELD TRIP:</u> Field trips can provide for your child a variety of learning experiences. During the school year your child may be involved in trips away from school that may include car or neighborhood walks. This signed permission slip must be on file for your child to be able to participate. My child has my permission to be on any field trip that might occur during the year. Parents will be notified of such trips in advance.	<b>NO</b>	<b>YES</b>
<u>PUBLICITY:</u> I hereby give my consent for my child to be photographed, filmed or videotaped for security/publicity purposes, such as school/church newsletters, newspaper, slide shows and social media. No names are released/published without parent permission.	<b>NO</b>	<b>YES</b>
<u>RELIGIOUS INSTRUCTION:</u> I hereby give my consent for my child to receive religious instruction from St. Mark's Preschool.	<b>NO</b>	<b>YES</b>
<u>PERMISSION TO DISTRIBUTE CLASS LIST:</u> I hereby give my consent for St. Mark's Preschool to print my name, address, phone number and e-mail on the class list that is distributed by the school.	<b>NO</b>	<b>YES</b>
<u>E-MAIL ADDRESS:</u> By sharing your e-mail address with us we would be able to electronically send you the monthly newsletter and other important preschool related correspondence.  <u>Your e-mail address will not be published or shared with anyone without your permission.</u>  E-Mail address: _____ (Your e-mail address will not be shared without your permission.)		

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

# St. Mark's Preschool - Personal History

Please help us to understand your child by answering the following questions. Thank you.

Child's Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_

Siblings? (names & ages) \_\_\_\_\_

Is your child Right or Left handed? \_\_\_\_\_

What are your child's favorite interests? \_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

What activities is your child involved in outside of school? \_\_\_\_\_

Does your child have any special needs we should be aware of? Has he/she ever been screened by an organization? (please explain)

Has your child received any special services or currently enrolled in any services?

What are your goals for your child this year?

Does your child have any fears? \_\_\_\_\_

Anything else you'd like us to know about your child:

**St. Mark's Preschool  
EMERGENCY INFORMATION CARD**

Child's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

In case of emergency, if I am not available, please notify:

\_\_\_\_\_ Phone \_\_\_\_\_  
or

\_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

**(over)**

In case my child has a minor accident that produces a minor injury such as a small lump, bruise or cut that does not require stitches, I give my consent to the staff to provide basic emergency first aid such as washing the wound and apply a band aid and also to control a minor nosebleed.

In case of emergency, I give my consent to administer first aid to:

\_\_\_\_\_ as necessary.

Child

\_\_\_\_\_ Date \_\_\_\_\_ Father/Guardian

\_\_\_\_\_ Date \_\_\_\_\_ Mother/Guardian

*Rev. 1/10*

**ST. MARK'S PRESCHOOL**  
**Registration for Enrollment - 2021-2022**  
**(630) 584-4850**  
**Fax: (630) 584-8646**  
**E-Mail: preschool@stmarkslife.org**



Current Student  Sibling  Church Member  Alumni  New

How did you hear about our school? \_\_\_\_\_

**Student's Name:** \_\_\_\_\_  
(Please fill out a separate form for each child.)

Child's birth date: \_\_\_\_\_ Male  Female

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip code)

Mother's Name: \_\_\_\_\_ Mother's Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Please indicate class preference: 1=First Choice 2= Second Choice**

- |   |   |  |
|---|---|--|
| ___ MW 2s 9:00-11:15 (4.5 hr/wk)<br>(3 by 1/31/22) \$165/mo.  | ___ MWF 3s 8:45-11:15 (7.5 hrs/wk)<br>(3 by 9/1/21) \$205/mo. | ___ MWF 4s 8:30-11:30 (9 hrs/wk)<br>(4 by 9/1/21) \$240/mo.    |
| ___ TTH 2s 9:00-11:15 (4.5 hrs/wk)<br>(2 by 9/1/21) \$165/mo. | ___ TTH 3's 8:30-11:30 (6 hrs/wk)<br>(3 by 9/1/21) \$185/mo.  | ___ M-TH 4s 8:30-11:30 (12 hrs/wk)<br>(4 by 9/1/21) \$299/mo.  |
|   | ___ TTHF 3s 8:30-11:30 (9hr/wk)<br>(3 by 9/1/21) \$235/mo.    | ___ M-F 4s 8:45-11:15 (12.5 hrs/wk)<br>(4 by 9/1/21) \$299/mo. |

\_\_\_ Extended Day Wednesday - 11:30-1:30 (Ages 3-5) \$60/mo. (2 hrs/wk)

\*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". Current students can submit registration form & fee starting Tuesday January 19th. New students can begin registering on Monday January 25.

\_\_\_\_\_  
Parent (Guardian) signature

\_\_\_\_\_  
Date

**Registration fee paid: Date \_\_\_\_\_ Ck# \_\_\_\_\_ Amt. \$ \_\_\_\_\_**

