



St. Mark's Preschool
101 S. 6th Avenue
St. Charles, IL 60174
(630) 584-4850 Fax: (630) 584-8646

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

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

CONSENT FOR: <div style="text-align: center; border-top: 1px solid black; width: 80%; margin: 0 auto;"> _____ (Please print child's name & class) </div>		
<p>EMERGENCY/FIRST AID: 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.</p>	NO	YES
<p>FIELD TRIP: 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.</p>	NO	YES
<p>PUBLICITY: 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.</p>	NO	YES
<p>RELIGIOUS INSTRUCTION: I hereby give my consent for my child to receive religious instruction from St. Mark's Preschool.</p>	NO	YES
<p>PERMISSION TO DISTRIBUTE CLASS LIST: 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.</p>	NO	YES
<p>E-MAIL ADDRESS: 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.</p> <p><u>Your e-mail address will not be published or shared with anyone without your permission.</u></p> <p>E-Mail address: _____ (Your e-mail address will not be shared without your permission.)</p>		

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



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

Current Student Sibling Church Member Alumni New

How did you hear about our school? _____

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)
(3 by 1/31/22) \$165/mo.

___ MWF 3s 8:45-11:15 (7.5 hrs/wk)
(3 by 9/1/21) \$205/mo.

___ MWF 4s 8:30-11:30 (9 hrs/wk)
(4 by 9/1/21) \$240/mo.

___ TTH 2s 9:00-11:15 (4.5 hrs/wk)
(2 by 9/1/21) \$165/mo.

___ TTH 3's 8:30-11:30 (6 hrs/wk)
(3 by 9/1/21) \$185/mo.

___ M-TH 4s 8:30-11:30 (12 hrs/wk)
(4 by 9/1/21) \$299/mo.

___ TTHF 3s 8:30-11:30 (9hr/wk)
(3 by 9/1/21) \$235/mo.

___ M-Th 4s 8:45-11:45 (12 hrs/wk)
(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. \$ _____



St. Mark's Preschool Registration Check-list 2021-2022



- ° Registration for Enrollment Form and \$100 non-refundable deposit
- ° Registration Form
- ° Consent Form
- ° Personal History
- ° Emergency Information Card
- ° Copy of Birth Certificate
- ° Physical Form (signed by your child's doctor and you)
- ° Allergy Form (if child has ANY allergies)

All forms can be dropped off or mailed to:

St. Mark's Preschool
101 South 6th Ave.
St. Charles, IL 60174

OR

Faxed to:

(630) 584-8646

Please call our office with any questions (630) 584-4850