

For Office Use Only
____ Date deposit paid
____ Registration recorded
____ Birth Certificate
____ Accounting sheet completed
____ Date of first attendance
____ Date of last attendance

ST. MARK PRESCHOOL REGISTRATION FORM 2009-2010

Student's Name _____

Address _____ Zip _____

Phone _____ Birthdate _____

PLEASE CHECK CLASS IN WHICH YOU WISH TO ENROLL:

____ 4/5 YR. OLD, M/W/F (9:00-11:30 A.M.)

____ 3 YR. OLD, T/TH (9:00-11:30 A.M.)

____ 4/5 YR. OLD, T/W/TH (12:45-3:15P.M.)

NAME CHILD WANTS TO BE CALLED _____

IS CHILD RIGHT-HANDED OR LEFT-HANDED _____

Please list any allergies, medical concerns, or other information we may need to know about your child.

FATHER'S NAME _____

MOTHER'S NAME _____

OCCUPATION _____

OCCUPATION _____

WORK PHONE # _____

WORK PHONE # _____

CELL # _____

CELL # _____

MARITAL STATUS: ___MARRIED ___DIVORCED ___SINGLE ___SEPARATED

Names and ages of brothers and sisters: _____

Present place of active church membership _____

Name of pastor or priest _____

Has your child been baptized? _____ Date of baptism _____

PERSONS TO WHOM CHILD MAY BE RELEASED BY PRESCHOOL STAFF:

NAME_____

PHONE_____

NAME_____

PHONE_____

NAME_____

PHONE_____

NAME_____

PHONE_____

NAME_____

PHONE_____

EMERGENCY INFORMATION:

Please provide the names of the following who could be contacted in the case of an emergency when the parents can not be reached.

NEIGHBOR_____PHONE_____

SITTER_____PHONE_____

RELATIVE_____PHONE_____

DOCTOR_____PHONE_____

HOSPITAL_____PHONE_____

IF DUE TO INCLEMENT WEATHER, SUDDEN ILLNESS, ETC., WHO WOULD WE BE ABLE TO CONTACT FOR IMMEDIATE PICKUP?

NAME_____PHONE_____

TO ASSIST US WITH OUR RECRUITMENT EFFORTS, MAY WE ASK HOW YOU HEARD ABOUT ST. MARK LUTHERAN PRESCHOOL?

____ Yes, I give my permission to use photos or videos of my child taken during the current school year by St. Mark Lutheran Preschool.

____ No, such permission is not granted.

SIGNATURE OF PARENT

DATE

If I can't be reached and my child needs medical treatment, I give the staff of St. Mark Preschool my permission to seek such treatment. I understand they will continue to try to reach me.

PARENT'S SIGNATURE

DATE

I hereby give St. Mark Preschool permission to transport or arrange transportation of my child for school field trips. I understand that participation in field trips is voluntary and that I am responsible for providing an appropriate car safety restraint for my child.

PARENT'S SIGNATURE

DATE

I AM A LICENSED DRIVER AND MY VEHICLE IS REGISTERED AS REQUIRED BY STATE LAW. IN THE EVENT THAT I DRIVE FOR A FIELD TRIP, I WILL OBSERVE ALL TRAFFIC RULES AND REGULATIONS ACCORDING TO STATE MANDATES.

PARENT'S SIGNATURE

DATE

IF QUESTIONS ARISE ABOUT BILLING, PLEASE CONTACT:

NAME _____ ADDRESS _____ PHONE _____