

2018-19 REGISTRATION FORM

PLEASE PRINT:

Child's Name: _____ Birthday: _____ Sex: M F

Name to be printed on all school material: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email Address: _____

May we publish your information in our school directory? Yes No

Mother's Name: _____ Cell Phone: _____ Work Phone: _____

Father's Name: _____ Cell Phone: _____ Work Phone: _____

Is child currently enrolled at St. Mark's Preschool? Yes No Class Name: _____

Is a sibling of this child currently enrolled in our program? Yes No

Name of sibling _____

Has a member of your family been enrolled in our program in the past? Yes No

Name of sibling: _____ Class: _____

Are you a member of St. Mark's United Methodist Church? Yes No

Has your child attended another preschool program? Yes No

If yes, when: _____ Where: _____

PLEASE REVIEW ATTACHED SCHEDULE OF CLASSES AND LIST YOUR PREFERENCE BELOW IN ORDER:

1) _____ 2) _____

THE SELECTION FOR CURRENT STUDENTS AND ST. MARK'S CHURCH MEMBERS WILL OCCUR ON JANUARY 29, 2018. NEW FAMILY PLACEMENT WILL FOLLOW ON JANUARY 30, 2018.

WE WILL MAKE EVERY EFFORT TO ACCOMMODATE YOUR FIRST CHOICE.

Mail completed form to:

St. Mark's Preschool
4780 E. 126th Street
Carmel, IN 46033

Email: preschool@stmarkscarmel.org
Phone: (317) 846-8941