

ST. MARK'S PRESCHOOL
Registration for Enrollment - 2018-2019 SCHOOL YEAR
(630) 584-4850
E-Mail: Preschool@StMarksChurch.Church



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 _____

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

- | | | |
|--|---|---|
| <input type="checkbox"/> MW 2s 9-11:30 (5 hrs/wk)
(2 by 9/1/18) \$165/mo. | <input type="checkbox"/> MWF 3s 9-11:30 (7.5 hrs/wk)
(3 by 9/1/18) \$205/mo. | <input type="checkbox"/> MWF 4s 8:45-11:45 (9 hrs/wk)
(4 by 9/1/18) \$240/mo. |
| <input type="checkbox"/> TTH 2s 9-11:30 (5 hrs/wk)
(3 by 1/31/19) \$165/mo. | <input type="checkbox"/> TTH 3s 8:45-11:45 (6 hrs/wk)
(3 by 9/1/18) \$185/mo. | <input type="checkbox"/> M-TH 4s 8:45-11:45 (12 hrs/wk)
(4 by 9/1/18) \$299/mo. |
| | <input type="checkbox"/> TTHF 3s 8:45-11:45 (9 hrs/wk)
(3 by 9/1/18) \$235/mo. | <input type="checkbox"/> M-F 4/5s 9:00-11:30 (12.5 hrs/wk)
(4 by 9/1/18) \$299/mo. |

Extended Day Wednesday - 11:45-1:45 (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.

OPEN ENROLLMENT: First come, first serve basis contingent upon payment of a \$100 non-refundable fee payable to St. Mark's Preschool due at time of registration.

Priority placement is given to: 1) Church Members; 2) Current Students; 3) Siblings; & 4) Alumni. Registration is based on a 1st come, 1st serve basis. Enrollment for New Students will begin January 29th. After you have completed registration, you will receive notification of enrollment and class placement.

THIS FORM MUST BE SIGNED BY PARENT AND DATED TO BE VALID

 Parent's (Guardian) Please Print Name Date Parent's (Guardian) Signature

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

(12/13/2017)