



## St. Mark's Preschool Application for Enrollment

### 2 and 3 Year Old Application — School Year: 2026-2027

#### Child Information

Child's Full Name: \_\_\_\_\_

Name Child Goes By: \_\_\_\_\_

Gender: \_\_\_\_\_ Age as of September 30, 2026: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

#### Parent/Guardian Information

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

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

Address: \_\_\_\_\_ zip code \_\_\_\_\_

Mother's Cell: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Is this child a current student? ☐ Yes ☐ No

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

Has a sibling previously been enrolled? ☐ Yes ☐ No

#### Program Selection

**All tuition is paid monthly**

☐ 2- Day Two Year Old "2" by 9/30/26 (Tuesday and Thursday 9:30-12:10) - \$235.00

#### **All students must be fully potty trained to attend the below classes**

☐ 2 -Day Three Year Old "3" by 9/30/26 (Wednesday and Friday 9:30-12:20) – \$235.00

☐ 2- Day Three Year Old "3" by 9/30/26 (Tuesday and Thursday 9:30-12:20)- \$235.00

☐ 3- Day Three Year Old "3" by 9/30/26 (Monday, Wednesday and Friday 9:20-12:20) -\$300.00

☐ 4 or 5 Day Three Year Old "3" by 9/30/26 please see the Director for information

### Medical and Allergy Information

Does your child have an allergy requiring an auto-injector? ☐ Yes ☐ No

If yes, list allergens and describe reaction: \_\_\_\_\_

Any medical conditions the school should be aware of? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Does your child receive speech or OT services? ☐ Yes ☐ No

If so, please list how often and which services are provided: \_\_\_\_\_

\_\_\_\_\_

### Emergency Contact Information

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Authorized Persons for Pickup: \_\_\_\_\_

\_\_\_\_\_

### Signature

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

----- For office use only-----

Verification of identity and age – verified by \_\_\_\_\_

Document: \_\_\_\_\_ Place of Birth \_\_\_\_\_ Birth Date \_\_\_\_\_

Birth Certificate No. \_\_\_\_\_ Date of Issuance \_\_\_\_\_



## St. Mark's Preschool Fee and Consent Form

School Year: 2026-2027 Please check each box for consent.

### REGISTRATION AND ACTIVITY FEE

☐ I have read and understand the Registration and Activity Fee policy. I am enclosing \$210.00 (\$100.00 registration and \$110.00 activity fee) in payment for the registration fee and the activity fee as required by the school. I understand that neither of these fees apply towards tuition. Only the activity fee is refundable if notified by August 1, 2026. Explanation of fees: The registration fee holds your child's place and is used to purchase supplies for your child to start the new year. The activity fee funds enrichment programs that enhance your child's preschool educational experiences.

### SEPTEMBER TUITION

☐ I have read and understand the September Tuition policy. September tuition is due by May 15th. If tuition is not received by this date, I understand that my child's space may be filled from the waiting list.

### WITHDRAW

☐ I have read and understand the Withdrawal policy. I understand that if I plan to withdraw my child, I need to give the school a month's notice or I will be responsible for paying that month's tuition. Notice needs to be given by August 1st for September tuition to be refunded.

### MEDICAL RELEASE

☐ I have read and understand the Medical Release statement. The staff of St. Mark's Preschool have all undergone First Aid and CPR training and hold current certificates. We will administer basic care as needed and will send home an accident report if care was required. We are always vigilant of our surroundings for each child's safety, especially those with severe allergens. The staff of St. Mark's will not be responsible for any adverse reactions to your child as long as ordinary care is provided.

### RELEASE OF INFORMATION

☐ I give permission for my address, email and/or phone number to be shared with other parents in my child's class. I understand home and email addresses and phone numbers will not be given out for any commercial purposes.

### PHOTO RELEASE FORM FOR MINORS

☐ I give consent for photos or videos of my child to be used by St. Mark's United Methodist Church Preschool. These may appear in end-of-year slideshows, emails, bulletin boards, crafts, preschool brochures, school websites, or the Preschool Facebook page. When any pictures of students do appear, there will be no personal identification (i.e. student name). I understand these photographs and videos may be taken using the school tablet or by a teacher's secure, background-checked personal device and will be deleted after use.

Name of Student: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

\*Registration is not fully completed until all paperwork is filled out, and until health forms, birth certificates, releases signed and payment of \$210.00 are collected. Your child's roster spot could be forfeited if these items are not turned in at time of enrollment.\*



## Personal History Record St. Mark's Preschool

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Zip code \_\_\_\_\_

Primary Email address \_\_\_\_\_

Secondary Email address \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Business Phone \_\_\_\_\_ cell phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Business Phone \_\_\_\_\_ cell phone \_\_\_\_\_

Primary phone number and number that will be put on the class list

\_\_\_\_\_

Other Children in the Family: Brothers \_\_\_\_\_ Ages \_\_\_\_\_ Sisters \_\_\_\_\_ Ages \_\_\_\_\_

Other Adults living with the Family: \_\_\_\_\_ Relationship \_\_\_\_\_

General Health of all members of the Family:

Mother \_\_\_\_\_ Father \_\_\_\_\_

What contacts does child have with other children \_\_\_\_\_

Is child left-handed \_\_\_\_\_

Problems with toilet habits (child must be potty trained in any classes over 2)

\_\_\_\_\_

\_\_\_\_\_

Fears \_\_\_\_\_

Food Allergies that require an auto-injector \_\_\_\_\_

Is child allergic to bee stings \_\_\_\_\_ List any other allergies \_\_\_\_\_

Does your child have any sort of court order affecting his or her life?

\_\_\_\_\_

Is there anything else you would like us to know about your child?

\_\_\_\_\_

#### EMERGENCY INFORMATION

Child's physician \_\_\_\_\_ phone \_\_\_\_\_

People to contact if parents cannot be reached: (Must be local)

1. Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Other persons authorized to pick up:

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Persons not legally authorized to pick up child \_\_\_\_\_

In the event \_\_\_\_\_ is injured or ill, I understand that the preschool will attempt to contact me. In the event that I or my emergency contacts are not available, I give my permission for the preschool to provide first aid for my child and to take the appropriate measures including contacting the emergency medical services (EMS) system and arranging for transportation to the nearest emergency medical facility.

Health Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_