st mark child development center

ENROLLMENT APPLICATION

2017-2018
Program Year

Child's Name: _____
First Middle Last

Date of Birth: _____/_____/_____ Sex: ☐ Female ☐ Male
Month Day Year

☐ Re-enrollment of present student (program year runs September through August)
☐ New student enrollment beginning _____

I am requesting my child be enrolled in the following class:

☐ Toddler	15 months by 9-1-17
☐ Preschool	2 1/2 years by 9-1-17
☐ Preschool	3 1/2 years by 9-1-17 (Must be toilet trained)
☐ Pre Kindergarten	4 1/2 years by 9-1-17

I am requesting my child be enrolled at St. Mark Child Development Center on the following basis;
I understand there are a very limited number of part-time slots available.

☐ Full-Time (includes PS/PreK/K class)	Monday - Friday	6:45 am- 5:45 pm
☐ Half-Time (includes PS/PreK/K class)	Monday - Friday	6:45 am- 12:45 pm
☐ Preschool/PreK/K class only	M T W TH F	9:00 am – 12:00 pm

☐ Other: _____ (Must have Director approval and initialed form)

This application must be accompanied by the required non-refundable, non-transferable registration and materials fee of $80.00. Upon receipt of application and fee, you will receive a confirmation letter verifying your child's enrollment.

Parent/Guardian (print)

_____

Address

_____

Home Phone _____ Work Phone _____ Cell Phone_____

Email

_____

Parent signature _____ Date _____

FOR STAFF USE ONLY:
Date application received: _____ Amount of deposit: _____
Confirmation letter sent_____ Placed on waiting list, parent or guardian notified: _____

rev.3/17