



200 S. Wille Street, Mount Prospect, IL 60056
stmarkpreschool@stmarkmp.org
847-873-1110

**ST. MARK PRESCHOOL AND CHILD CARE
REGISTRATION**

Full Day Child Care

Child's full name _____ Name wanted used at school _____
Child's birthdate _____ Girl or Boy (circle)
Street Address _____ City, Zip Code _____
Email Address _____ Home Telephone _____
Father's name _____ Cell phone _____
Occupation _____ Business phone _____
Mother's name _____ Cell phone _____
Occupation _____ Business phone _____
How did you hear about our school? _____
Referred by _____

Please circle

PART TIME up to 3 Days FULL TIME 5 days a week

M T W TH F

Hours of attendance for full day M-F 7am-6pm

For office use only: pymt _____ *letrgn* _____