



stmarkpreschool@stmarkmp.org
847-253-0631 x19

ST. MARK PRESCHOOL REGISTRATION FORM

4 YEAR OLD CLASS 2018-2019

Child's full name _____
Name you want used at school _____
Child's birthdate _____ Girl or Boy (circle)
Street Address _____ City, Zip Code _____
Email Address _____
Home Telephone _____ Cell phone _____
Father's name _____
Occupation and business phone _____
Mother's name _____
Occupation and business phone _____
Name of church _____ Pastor's name _____
Elementary School your child will be attending _____
How did you hear about our school? _____
Referred by _____

*For office use only: pymt*_____ *letrgn*_____