



stmarkpreschool@stmarkmp.org  
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## ST. MARK PRESCHOOL and ENRICHMENT CENTER REGISTRATION FORM

### Kindergarten Enrichment 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 \_\_\_\_\_  
School your child will be attending for kindergarten \_\_\_\_\_  
How did you hear about our school? \_\_\_\_\_  
Referred by \_\_\_\_\_

Days attending (circle)

M T W TH F

with lunch

without lunch

*For office use only: pymt*\_\_\_\_\_ *letrgn*\_\_\_\_\_