



200 S. Wille Street, Mount Prospect, IL 60056
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ST. MARK PRESCHOOL and ENRICHMENT CENTER
REGISTRATION FORM
Kindergarten Enrichment 2019-2020

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 _____
Father's name _____ Cell phone _____
Occupation and business phone _____
Mother's name _____ Cell phone _____
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 _____ *lctrgn* _____