Application for Enrollment Pre K and JK classes

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name your child goes by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender\_\_\_\_\_\_\_\_\_ Age as of September 30, 2020\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mom’s Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dad’s Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please circle the phone # to use for an emergency)

Current Student: Yes or No

Church Member: Yes or No

Sibling Previously Enrolled: Yes or No

Please indicate the program in which you wish to enroll your child for 2020-2021 school year

**4 YEAR OLD CLASS ( “4” by Sept 30, 2020)**

\_\_\_\_\_\_3 Day Class (Monday, Tuesday, Thursday9:30-12:30) $215.00 mo.

\_\_\_\_\_\_ 3 Day Class Extended Day (M&W 9:30-2:00; F 9:30-12:30) $245.00 mo.

\_\_\_\_\_\_ 4 Day Extended Day (M-Th. 9:30-2:00) $315.00 Limited Space.

**JUNIOR KINDERGARTEN CLASS (“5” by Dec. 31, 2020)**

\_\_\_\_\_\_\_\_5 Day JK Extended Day (M-Th. 9:30- 2; F 9:30-12:30) $330.00 mo.

**\*\*Sibling discounts: 10% off second child, 5% for each additional child\*\***

Primary email address where you would like to be reached (please write clearly)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any secondary email address where you can be reached

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subdivision where child resides\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member of St. Mark’s United Methodist Church? Yes or No

Would you like information about St. Mark’s United Methodist Church? Yes or No

Names and locations of all previous attended schools or child care facilities:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have an allergy that requires an epi pen or any other medication? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, please list the allergens and describe the reaction:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any medical conditions that the school should be aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any additional information the school should know about your child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of desired enrollment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Registration and Activity Fee**

I am enclosing $170.00 ($120.00 registration and $50.00 activity fee) in payment for the registration fee and the activity fee as required by the school. I understand that neither of these fees apply towards your tuition. Only the activity fee would be refundable if notified by **August 1, 2020**.

**September Tuition**

September tuition is due by May 15th. If tuition is not received by this date, I understand that my child’s space may be filled from the waiting list.

**Withdraw**

I understand that if I plan to withdraw my child, I need to give the school a month’s notice or I will be responsible for paying that month’s tuition. Notice needs to be given by **August 1st** for September tuition to be refunded.

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Explanation of fees\*\* The registration fee holds your child’s place and is used to purchase supplies for your child to start the new year. The activity fee funds enrichment programs that enhance your child’s preschool educational experience.

**MEDICAL ALERT: SPECIAL NEEDS CHILDREN**

St. Mark’s Preschool is proud to have a tradition of welcoming special needs children. Some children have easily discernible needs, such as hearing aids or leg braces. Recently, children who are seeking enrollment have less visible needs, such as allergies to foods, the environment, or insect bites. Whereas St. Mark’s will do everything possible to create and maintain a safe environment for the students, **we are not equipped to handle life-threatening** conditions.

For this reason, the St. Mark’s Preschool requests that each parent determine if the normal, routine safety precautions used for every child is sufficient for your child. For example, the classroom teacher may make every effort to comply with dietary requests, but toddlers and older children may “sneak food” or be offered food by another student while the teacher is busy elsewhere. St. Mark’s cannot and will not be responsible for these incidents. Similarly, environmental risks will be monitored to the extent possible, but the general classroom will not be changed to suit the needs of one child to the detriment of others. **Therefore, it is up to you, the parent, to decide if your child can safely attend this preschool.**

**ST. MARK’S PRESCHOOL, INCLUDING INDIVIDUAL STAFF MEMBERS, WILL NOT BE RESPONSIBLE FOR ANY ADVERSE CONSEQUENCE TO YOUR CHILD SO LONG AS THE ORDINARY CARE IS PROVIDED, WHICH IS AVAILABLE TO EACH STUDENT.**

Epinephrine will be the only medication we administer.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature

**RELEASE OF INFORMATION**

I hereby give my permission for the distribution of my address, email and/or telephone number to other parents of children enrolled in St. Mark’s Preschool. I understand home and email addresses and phone numbers will not be given out for any commercial purposes.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature

**PHOTOGRAPHS/VIDEOS**

I give my permission to St. Mark’s teachers/parents to take photographs/videos of my child during preschool activities for school and classroom use.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature

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For office use only: Verification of identity and age - verified by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Document: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ place of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

birth date\_\_\_\_\_\_\_\_\_\_\_\_ birth certificate no.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_date of issuance\_\_\_\_\_\_\_\_

(if available)