

School Year: _____

Enrollment Form

**ST. MARK LUTHERAN PRESCHOOL
1135 OLIVER STREET
NORTH TONAWANDA, NY 14120
(716) 693-3715**

Child's Name: _____
Last First Middle

Address: _____
Street City/Town State Zip

Phone: _____ Date Of Birth: ____/____/____ Place: _____

Ethnicity (Circle One)

Am. Indian or Alaska Native Asian Black or African American Hispanic or Latino

Native Hawaiian/Other Pacific Islander White Other: _____

Father's Name

Mother's Name

Address: _____
City: _____
State: _____ Zip: _____
Occupation: _____
Phone: Home _____ Work _____
Email: _____

Address: _____
City: _____
State: _____ Zip: _____
Occupation: _____
Phone: Home _____ Work _____
Email: _____

Address same as student

Address same as student

Please check if your contact information is Unlisted. _____

Student lives with (please circle): Both Father Mother Guardian

Brothers & Sisters

Name	Birthdate	Age	Grade	School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Church Affiliation: Denomination _____ Parish _____

Pastor _____ Address _____

Is Child Baptized? Y or N Church _____ Date ____/____/____

My Child Is To Be Enrolled In

_____ Pre K 3 & 4 Combined- 5 Days

_____ Pre K 3 & 4 combined- 3 Days

Child's Physician: _____ Phone: _____

Any Medical Concerns? (i.e. Allergies): _____

Has your child ever been referred for, or received special services? (i.e.: speech therapy, etc.) _____

I desire to have my child enrolled in St. Mark Lutheran Preschool because: _____

Pictures

I give St. Mark Lutheran Preschool permission to use my child's picture for advertising or publicity purposes in various media including print & electronic media including, but not limited to, newspaper, the St. Mark Website, and the St. Mark Facebook page. Yes _____ No _____

Today's Date ____/____/____ Parent's Signature: _____

Financial Obligation – Tuition

A non-refundable \$60 individual or \$75 family enrollment fee is due with this form. The financial obligation begins in August. These payments are due on the first of every month beginning in August and ending the following April. For those who enroll later than September 1st, an alternative payment plan will be set up. Please consult the Tuition Policy sheet or contact the school office for additional information.

I/We have read the above financial information and intend to pay the scheduled tuition rate on time.

I/We understand that if a problem arises, contact must be made with the bookkeeper immediately.

Parent/Guardian Signature: _____

Date ____/____/____

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For Office Use:

Application received: _____ Deposit received: _____

Proof of Age: _____ Medical Forms: _____

NOTICE OF NON-DISCRIMINATORY POLICY AS TO STUDENTS:

St. Mark admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration or its education policies, admissions policies, and athletic and other school-administered programs.