

**St. Mark Montessori Preschool Application**  
**School Year \_\_\_\_\_**

CHILD'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

NAME OR NICKNAME TEACHER SHOULD USE FOR CHILD \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ M/F \_\_\_\_\_ RACE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PARISHIONER YES \_\_\_ NO \_\_\_  
IF NO, PLEASE LIST CHURCH AFFILIATION \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

FIRM OR AGENCY \_\_\_\_\_ TELEPHONE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

FIRM OR AGENCY \_\_\_\_\_ TELEPHONE \_\_\_\_\_

NOTE ANYTHING ABOUT YOUR CHILD THAT THE TEACHER SHOULD BE AWARE OF AND CONSIDER: (allergies, physical or other handicap, fears, major changes occurring, etc.)

---

---

---

---

PLEASE LIST SIBLINGS;

Name

Birthday

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

LIST ANY CHILD CARE OR PRE-SCHOOL PROGRAMS PREVIOUSLY ATTENDED:

---

---

EMERGENCY CONTACT:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Relationship \_\_\_\_\_

NAME OF CHILD'S PHYSICIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_ Telephone \_\_\_\_\_

Type of Insurance \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

Policy Holder \_\_\_\_\_ Relationship \_\_\_\_\_

In the event of an emergency, I give permission for staff members to administer first aid to my child. If medical attention is needed and neither parent can be reached by phone, I give permission for my child to be treated at the emergency room at:

\_\_\_\_\_ Hospital.

\_\_\_\_\_  
(parent's signature)

\_\_\_\_\_  
(date)

**TOILET TRAINING:** Children must be toilet trained before entering the preschool program.

**IMMUNIZATION RECORD:** A copy of your child's immunization record is required by August 15<sup>th</sup>.

**APPLICATION/TUITION PAYMENTS:** A \$60.00 (non-refundable) application fee is to be submitted at the time of application. Tuition payments are due by the fifth of each month. **The first Tuition payment is due by September 5th, and the last payment will be due May 5th.**