

Registration fee \$70.00

**St. Mark Preschool**  
**675 N. Mulford Rd. 61107**  
**815-398-7610**  
[www.stmarklc.com](http://www.stmarklc.com)

Admission Date: _____
Reg. Fee _____
Check # _____

Office Use Only

**REGISTRATION FORM**

**Child's** First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Birth Place \_\_\_\_\_  
 Child's name tag should appear as \_\_\_\_\_  
 Street Address \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Sex - (M) \_\_ (F) \_\_

<b>Allergies:</b> _____ _____ _____
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Class Requested:

**3 Yrs.**

T & Th A.M. \_\_\_\_\_

**4 Yrs.**

M, W & F A.M. \_\_\_\_\_

**Pre-K**

M -F A.M. \_\_\_\_\_

	<b>Father</b>	<b>Mother</b>
Name		
Home Phone ( if different from above)		
Work Phone		
Cell Phone		
Email		
Home Address ( if different from above)	Street _____	Street _____
	City _____ State ____ Zip _____	City _____ State ____ Zip _____
Employer		
Work Hours		
Marital Status:		

(over)

Legal Guardian (if other than parent) \_\_\_\_\_

Stepfather \_\_\_\_\_ Stepmother \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Three persons in the IMMEDIATE area to whom child may be released in case of emergency, or who may be contacted if parents cannot be reached: **PLEASE COMPLETE**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Significant social, health or religious information \_\_\_\_\_

\_\_\_\_\_

Previous preschool attended, if any \_\_\_\_\_

Names and ages of other children in the family \_\_\_\_\_

\_\_\_\_\_, have they previously been enrolled at St. Mark Preschool? \_\_\_ Yes \_\_\_ No

Date: \_\_\_\_\_ Parent's Signature \_\_\_\_\_