

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

HOME PHONE: _____ DATE OF BIRTH: _____ / _____ / _____ PLACE: _____
Month / Day / Year

Ethnicity: Circle One

Am. Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian/Other Pacific Islander, White

Church Affiliation: Denomination _____ Parish _____ Pastor _____

Address _____

Is Child Baptized? _____ Church _____ Date _____ / _____ / _____

FATHER

Name: _____
Occupation: _____
Phone: Home _____ Work _____

MOTHER

Name: _____
Occupation: _____
Phone: Home _____ Work _____

Marital Status: Married Separated Divorced Widower Widow Single

Brothers & Sisters			
Name	D.O.B	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MY CHILD IS TO BE ENROLLED IN:
_____ **3 Year Old – M-W-F**
9:00 am – 12:00 pm
_____ **4 Year Old – 5 Days**
9:00 am – 12:00 pm

CHILD'S PHYSICIAN: _____

Physical Handicaps and/or Allergies: _____

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