

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)

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

Financial Obligation – Tuition

A \$50 per student tuition deposit is due with this form. This deposit will be deducted from you last monthly tuition payment. The financial obligation begins in June. These payments are due on the first of every month beginning in June and ending the following May. For those who enroll later than June 1st, an alternative payment plan will be set up. A single yearly payment option with a small discount is also available. 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 teacher or bookkeeper immediately.

I give permission for our family name to appear on St. Mark parish's mailing list. YES NO

I give permission for my family telephone number to appear in the school directory. YES NO

Today's Date: _____ Parent's Signature _____

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.

.....

For Office Use:

Application received: _____ Deposit received: _____
Date accepted: _____ Parent's notified: _____
New Student Interview _____ Testing: _____
Proof of Age _____ Medical Forms _____