

# St. Mark Preschool Student Registration

All information is required – leave no spaces blank

Student's name \_\_\_\_\_ Preferred name: \_\_\_\_\_

Gender: Male Female Age on Sept. 1 \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student's address \_\_\_\_\_ zip code \_\_\_\_\_

Father's name \_\_\_\_\_ cell phone \_\_\_\_\_ hm phone \_\_\_\_\_

Address \_\_\_\_\_ zip code \_\_\_\_\_ e-mail \_\_\_\_\_

Place of employment \_\_\_\_\_ wk phone \_\_\_\_\_

Mother's name \_\_\_\_\_ cell phone \_\_\_\_\_ hm phone \_\_\_\_\_

Address \_\_\_\_\_ zip code \_\_\_\_\_ e-mail \_\_\_\_\_

Place of employment \_\_\_\_\_ wk phone \_\_\_\_\_

## Emergency Contacts (if you cannot be reached)

Name \_\_\_\_\_ Phone #s \_\_\_\_\_

Name \_\_\_\_\_ Phone #s \_\_\_\_\_

Name \_\_\_\_\_ Phone #s \_\_\_\_\_

## Persons allowed to pick up your child from preschool (we assume parents are both allowed unless otherwise noted)

Name \_\_\_\_\_ Phone #s \_\_\_\_\_

Name \_\_\_\_\_ Phone #s \_\_\_\_\_

Name \_\_\_\_\_ Phone #s \_\_\_\_\_

## Persons **NOT** allowed to pick up your child from preschool

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## MEDICAL INFORMATION

Doctor or Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Insurance company \_\_\_\_\_

Medical conditions:

Diabetes      Yes    No    explain \_\_\_\_\_  
Asthma        Yes    No    explain \_\_\_\_\_  
Allergies      Yes    No    explain \_\_\_\_\_

Other            Yes    No    explain \_\_\_\_\_

Does your child take prescription drugs?    Yes    No  
Medication name and dosage \_\_\_\_\_

**FOOD ALLERGIES** \_\_\_\_\_

**DRUG ALLERGIES** \_\_\_\_\_

Is there anything else you want us to know about your child? Any special needs, I.E.P. (so we know if we can fulfill it), or special personality aspects that would be helpful for teachers as we interact with your child?

This authorizes St Mark Preschool to give permission to appropriate medical personnel to provide emergency medical or surgical care for my child \_\_\_\_\_  
(child's name)

I understand that every effort will be made to locate me or my child's other parent or legal guardian as soon as possible. I understand my obligation to keep the preschool staff informed of my whereabouts. I will assume the cost of necessary medical or surgical care, including ambulance.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Date signed

**St Mark Preschool**  
**3230 Lake Otis Parkway**  
**Anchorage, Alaska 99508**  
**274-8041**  
**Fax 258-9395**  
[www.stmarkalaska.com](http://www.stmarkalaska.com)

**2019-2020 Tuition and Fees**  
***PLEASE CIRCLE ONE CLASS AND ATTACH REGISTRATION FEE***  
**(cash, check or money order)**

**Class A** Monday-Wednesday-Friday 9:00am - 11:30am Ages 4 and 5  
Registration Fee \$75 (non-refundable) Tuition \$210 monthly

**Class B** Monday-Wednesday-Friday 12:30pm - 3:00 pm Ages 4 and 5  
Registration Fee \$75 (non-refundable) Tuition \$210 monthly

**Class C** Tuesday-Thursday 9am - 11:30am Age 3  
Registration Fee \$75 (non-refundable) Tuition \$160 monthly

ALL TUITION AND REGISTRATION FEES ARE NON REFUNDABLE

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TUITION AGREEMENT

**I understand that students are enrolled for the full academic year and that my agreement to pay the monthly tuition is not subject to adjustment due to illness, vacation or absence.**

If it becomes necessary to withdraw my child from school, I understand that I will be required to pay the full tuition through the last month of attendance in school, but will not be held responsible for tuition beyond that point. If I withdraw my child from school, I will give two weeks notice.

I grant permission for the use of pictures of my child which may be taken by the school for education or public relations purposes in articles, papers, magazines and websites which may be viewed by the general public.

I grant permission for the school to call a doctor or arrange for medical/surgical care for my child in an extreme emergency. It is understood that every effort will be made to locate me first. Any medical expenses incurred will be accepted by me.

I agree to participate in any fund raising activities which may be arranged by the preschool for the benefit of the preschool program.

Child's full name \_\_\_\_\_

Parent or Guardian (please print) \_\_\_\_\_

Parent or Guardian signature \_\_\_\_\_ Date \_\_\_\_\_