

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

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

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 A - Extended Monday-Wednesday-Friday 9:00am – 2:00pm Ages 4 and 5
Registration Fee \$75 (non-refundable) Tuition \$335 monthly
Parents provide lunch

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

ALL TUITION AND REGISTRATION FEES ARE NON REFUNDABLE

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 _____