

St. Mark Catholic Preschool

14740 Stumptown Road
Huntersville, North Carolina 28078
704-948-8015

ENROLLMENT FORM

Child's Name _____ Nickname: _____

Current Age: _____ Birthdate: _____ Gender: M _____ F _____

Street Address: _____ Home Phone: _____

City: _____ Zip: _____ Other Phone(s): _____
cell or work phone

Father's Name: _____ Mother's Name: _____

Are you a member of St. Mark Parish? Yes _____ Not yet, but plan to be _____ No _____

Did any of your older children attend St. Mark's Preschool? _____ Child's name _____

If you are moving to the area please estimate your time of arrival _____

Please indicate below your 1st and 2nd choice. There is no guaranteed entry into any class regardless of your choice. Priority enrollment is offered: 1st to current students & alumni families (January 15-31), 2nd to St. Mark Parish families (February 1-14) and 3rd to the community. You will be notified ASAP of your child's status. If the number registering exceeds the available spaces, a lottery will be conducted. If all the available spaces have been filled, your child will be placed on a waiting list. If a space becomes available, you will be contacted by phone. Please note that the registration fee is non-refundable. After February 14 registration is first come first serve.

Three Year Old

2-day 3 yr old (T/Th) _____
(50 spaces)

3-day 3 yr old (M/W/F) _____
(15 spaces)

Four Year Old

3-day 4 yr old (M/W/F) _____
(35 spaces)

4-day 4 yr old (T- F) _____
(25 spaces)

Older Four/ Five Year Old

5-day 4/5 yr old (M-F) _____
(10 spaces)

(only for a child turning 5 between June 1 & Dec.31)

Note: if there is not enough interest to fill a 5 day class then it will become a 4 day class

Do you have any preferences or special requests? (Class size; certain teacher; with a certain friend?)

Please enclose the Registration Fee with this Enrollment Form made payable to St. Mark Preschool. Fees: \$50.00 for 1 or 2 children/ \$75.00 for 3 or more children. NON-REFUNDABLE

Parent Signature: _____ Date: _____

*****OFFICE USE ONLY*****

Paid by check: # _____ Paid by cash: _____ Registrar's Initials: _____