

New Student

Date received _____
Date starting _____



St. Mark's Preschool- LIC# 191500663
10354 Downey Avenue
Downey, CA 90241
School Office (562) 869-7213

Child's name _____
(Last) (first) (middle)

Name child wishes to be called in school _____

Male _____ Female _____ Date of birth _____
(month) (day) (year)

Home address _____ City _____ Zip _____

Home Telephone(_____) _____ Cell Phone(_____) _____

*Father's name _____ Religion _____

Father's Occupation _____ Work Phone(_____) _____

*Mother's name _____ Religion _____

Mother's Occupation _____ Work Phone(_____) _____

**E-Mail address(s) _____

Guardian or step-parent's name (if applicable) _____

Last school attended _____

Who referred you to St. Mark's Preschool _____

Why do you wish for your child to attend St. Mark's Preschool _____

How long do you intend for your child to remain at St. Mark's Preschool _____

If your child is not accepted at this time, do you wish to be put on a waiting list? Yes _____ No _____

Please mark the day and time your child will be attending Preschool

Mon _____ Tues _____ Weds _____ Thurs _____ Fri _____

½ (12:30) _____ ¾ (3:30) _____ Full (5:30) _____

I am enrolling my child for: Spring _____ Summer _____ Fall _____ 20 _____

I understand and acknowledge that tuition is based on ten months or an annual amount (as stated in fee schedule) and has no relation to the number of days my child attends school each year.

Parent Signature _____ Date _____