

CLAYMONT PRESCHOOL at ST. MARK

601 Claymont Drive
Ballwin, MO 63011
636-386-5437

- I do not give permission for CPSM to include my child's information in the class roster.
- I do not give permission for CPSM to release my child's photo for St. Mark related web site.

REGISTRATION FORM

Child's Name _____ Date of Birth _____

Address _____
Street City Zip

Telephone (____) _____ Subdivision _____

Date of Application _____ School District _____

Church _____ Child's Sex _____

Mother's Name _____ Occupation _____

Business Address _____ Cell or Business Phone (____) _____

Father's Name _____ Occupation _____

Business Address _____ Cell or Business Phone (____) _____

Names & date of birth of other children in family _____

How did you hear about Claymont Preschool at St. Mark? _____

Has your child attended preschool before? _____ If so, how long and how many days a week? _____

Does your child have any food or peanut allergies? _____

CHECK PREFERENCE:

2's

3's

4's

1, 2, or 3 Days M/W/F _____

2-day (T/Th) _____

3-day AM (T/W/Th) _____

Indicate days _____

Friday Add-on to T/Th _____

4-day AM (M/T/W/Th) _____

2-day (T/Th) _____

3-day (M/W/F) _____

Friday Add on _____

Enrollment in the programs of Claymont Preschool at St. Mark is open to all persons regardless of their religious affiliation, race, color, national or ethnic origin.

I understand that the \$80.00 enrollment fee is non-refundable except for an "out-of-the-area" move before school starts.

Signed _____

Date _____