

CLAYMONT PRESCHOOL at ST. MARK

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

Circle one:

I do or do not give permission for CPSM to include my child's information in the class roster.

Circle one:

I do or do not give permission for CPSM to release my child's photo for St. Mark related website.

REGISTRATION FORM

Child's Name _____ Date of Birth _____

Address _____
Street City Zip

Primary Phone (____) _____ Subdivision _____

E-mail address _____ School District _____

Church _____ Child's Gender _____

Parent's Name _____ Occupation _____

Employer _____ Secondary Phone (____) _____

Parent's Name _____ Occupation _____

Employer _____ Other Phone (____) _____

Names & ages of other children in family _____

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

Prior school attended _____ How long and how many days a week? _____

Does your child have any food or other allergies, or special medical conditions, including chronic health problems?

CHECK PREFERENCE:

<u>2's</u>	<u>3's</u>	<u>Pre-K</u>
# of days _____	3-day (M/W/F) _____	5-day _____
Day/s (M-F) _____	2-day (T/Th) _____	4-day (M-Th) _____
		3-day (M-W) _____

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. Classes may be changed, cancelled or reconfigured according to enrollment.

I understand that the \$100.00 enrollment fee is non-refundable except for an "out-of-the-area" move before school starts.

Signed _____ Date _____