

**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 \_\_\_\_\_