



St. Mark's Preschool  
 100 Peachblossom Road  
 Easton, MD 21601  
 410-822-0078

Office Use Only  
 Date Received \_\_\_\_\_  
 Order Received \_\_\_\_\_  
 Reg. Fee \_\_\_\_\_  
 Initial Payment \_\_\_\_\_

## REGISTRATION FORM

2020 – 2021

Please fill in the information below and return it, along with your **NON-REFUNDABLE** check for \$75 made payable to St. Mark's Preschool, to complete the Registration process. (\$50 if registered before April 1, 2020)

Circle One:	2 Year Old Class	(Must be 2 by 08/31/2020)	M/W or T/Th
	3 Year Old Class	(Must be 3 by 08/31/2020)	T,W,Th or M-TH
	4 Year Old Class	(Must be 4 by 08/31/2020)	M-Th or M-F

### Family and Social History

Child's Name \_\_\_\_\_

Last	First	Middle	Nickname
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Birth Date \_\_\_\_\_ Circle One: Boy Girl

Address \_\_\_\_\_

Street	City	State	Zip code
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Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Church Child attends \_\_\_\_\_

Father's Name \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Marital Status of Parents (Used only for communicating with the child)

Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Stepparent's Name \_\_\_\_\_

Child lives with \_\_\_\_\_

Custody/Visiting Arrangements \_\_\_\_\_

Siblings: Name \_\_\_\_\_ Age \_\_\_ Name \_\_\_\_\_ Age \_\_\_

Siblings enrolled at St. Mark's? \_\_\_ Yes \_\_\_ No

Other Members living in the Household (include relationships) \_\_\_\_\_

Who has cared for the child other than parents? \_\_\_\_\_

Has the child had group play experience? \_\_\_\_\_ Where? \_\_\_\_\_  
Does the child have neighborhood playmates? \_\_\_\_\_ Specify \_\_\_\_\_  
When does the child watch TV? \_\_\_\_\_ With whom? \_\_\_\_\_  
Favorite Shows \_\_\_\_\_

**Developmental History of Child**

Is child toilet trained? \_\_\_\_\_ (must be for admittance to Threes and Fours; **No Pull-Ups**)

Does child dress self? \_\_\_\_\_ Undress self? \_\_\_\_\_

**Does child have any food allergies?** \_\_\_\_\_ Comments \_\_\_\_\_

Does your child have an object of dependency? \_\_\_\_\_ Explain \_\_\_\_\_  
\_\_\_\_\_

Any physical or emotional concerns that The Preschool should be aware of? \_\_\_\_\_  
\_\_\_\_\_

Does your child have an IFSP, IDEA or an IEP? \_\_\_\_\_

In an effort to provide better/more personalized care for your child; will you share the details of the above plan with your child's assigned teacher? \_\_\_\_\_

Does your child freely leave you in unfamiliar situations? \_\_\_\_\_

Describe your way to discipline and how your child reacts. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child on the Waiting List of any other school? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is your child participating in any additional preschool programs? \_\_\_\_\_

**St. Mark's Preschool Contract 2020-2021**

I understand the full tuition mentioned in this registration form. I also understand that the \$50.00/75.00 registration fee is **non-refundable** and is not part of my child's tuition. This is a processing fee which does not guarantee my child a space for the 2020/2021 school year.

A \$200.00 initial payment is due **on or before May 1, 2020** and is **non-refundable**. This initial payment will guarantee my child a space for the start of the school year in September 2020.

I understand that this is a legally binding contract and agree to abide by the guidelines outlined herein. I also agree to follow all policies and procedures in the parent handbook. A copy of the parent handbook can be found on our website; [www.stmarkspreschooleaston.net](http://www.stmarkspreschooleaston.net)

\_\_\_\_\_  
Parent Signature      Date

\_\_\_\_\_  
Administration Signature      Date