



Office Use Only
Date Received _____
Order Received _____
Reg. Fee _____
Initial Payment _____

Name	Age	Name	Age
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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? ____ If yes, do they carry an Epi-Pen? _____

Additional Details of Allergy: _____

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? _____

Any additional information you would like to share about your child?

St. Mark's Preschool Contract 2026-2027

I understand the full tuition mentioned in this registration form. I also understand that the \$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 2026/2027 school year.

A non-refundable **\$200.00 initial payment** is due on or before **May 1, 2026**. This payment guarantees your child a space for the school year beginning **September 2026**.

If you choose to withdraw after submitting the initial payment, the request **must be made in writing at least 30 days prior to the start of school**. If written notice is not provided within this timeframe, **the first month's tuition will be due upon withdrawal**.

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 is available upon request.

Parent Signature Date

Administration Signature Date

Revised: Jan 2026

School Policy Overview and Acknowledgement

Tuition

A non-refundable deposit per child due on May 1st and will be applied to tuition. The balance is payable in monthly payments, due the 15th of each month September through April. Payments received after the 15th of the month will be assessed a \$25 late fee. You may pay your balance due in full at any time. If an account falls more than 30 days behind, the child will not be able to attend school until the account is current. If your family is experiencing financial difficulties, please see the Director before becoming 30 days past due to discuss alternate arrangements.

Withdrawal Policy

The initial payment is non-refundable. If a family needs to withdraw, a **30-day written notice** is required. The family is responsible for **one month of tuition from the date the written notice is received**, regardless of whether the child continues attending during that period.

If a child withdraws **before the school year begins**, but **within 30 days of the start date**, one month of tuition will still be due.

Photographs/Media

The school has a closed Facebook page. Our closed Facebook page allows teachers to share our daily activities with current and alumnus families. We also use photos/videos of school activities for public relations in the newspaper, website and on other media. To respect your family's privacy, we ask for your preference on where we post images. Please indicate whether or not you give permission for your child's photo to be shared on our Facebook page or on our website. Children's names will not be listed.

_____ I give permission for my child's image to be posted on our closed Facebook page and/or website.

_____ I do not give permission; please do not post my child's image on the closed Facebook page or on the website.

Required Paperwork

St. Mark's Preschool is licensed under the State of Maryland. The Health Inventory and Emergency Form must be received along with a copy of your child's immunization records from a physician before your child begins school for new enrollments. Updated health forms and immunization records must also be supplied to the school when there are changes in your child's health condition or records. Any additional paperwork will be forwarded to all families.

Contact Information and Release of Children

Children may only be released to the parent/guardian or adults for whom we have written permission. The school will also keep a list of adults authorized by parents to visit the school and interact with children. Written permission may be given by including the adult on the Emergency Form or by a written note. Please keep your contact information current with the school, notifying the school of any changes.

I have read the St. Mark's Preschool Policy Overview and agree to the terms. A complete parent handbook is available upon request.

Signed _____

Date _____

Print Name _____