

**St. Mark Pre-School**  
**Registration Form**  
**2017-2018**

**Student Information**

Name \_\_\_\_\_  
                    First                    Middle                    Last  
Address \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

**COPY OF BIRTH CERTIFICATE REQUIRED**

Religion \_\_\_\_\_ Parish \_\_\_\_\_

Please check the Pre-School Program Choice:

**Pre-K Morning (8:30-11:00)** \_\_\_\_\_

**Full Day Program (8:30-2:30)** \_\_\_\_\_

**Father/Guardian Information**

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Place of Birth \_\_\_\_\_

Religion \_\_\_\_\_ Education (highest degree) \_\_\_\_\_

Current Marital status:      \_\_\_\_\_  
  Single      Married      Widowed      Divorced

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_

**Mother/Guardian Information**

Name \_\_\_\_\_  
          First           Maiden Name           Last

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Place of Birth \_\_\_\_\_

Religion \_\_\_\_\_ Education (highest degree) \_\_\_\_\_

Current Marital status:           Single           Married           Widowed           Divorced

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_

**Sacraments**

Baptism \_\_\_\_\_  
  Date                           Church                   City                   State

**Siblings**

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_