

St. Mark Pre-School
Registration Form
2016-2017

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 (8:30-11:30) _____

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 _____

Name _____ Age _____ Date of Birth _____