

REGISTRATION APPLICATION
ST. MARK COMMUNITY PRESCHOOL
2200 San Joaquin Hills Road
Newport Beach, CA 92660
949-644-1442

Application Date _____

Child's Full Name _____ What shall we call your child? _____

Date of Birth _____ Child's Age Now _____ Preferred phone for contacts _____
Home or cell?

Parents' Names as you would like them listed in the Parent Roster:

Mother _____ Father _____

Home Address _____ City _____ Zip _____

Home Phone _____ Email Address _____

Marital Status: Married _____ Separated _____ Divorced _____ Widowed _____

Religious Affiliation _____

Father's Occupation _____ Business Phone _____

Father Employed By _____ Address _____

Mother's Occupation _____ Business Phone _____

Mother Employed By _____ Address _____

Relative or Friend who lives nearby to be contacted in case of an emergency:

Name _____ Relationship to child _____ Telephone _____

Name _____ Relationship to child _____ Telephone _____

Physician to be called in case of an emergency when parents cannot be reached:

Name _____ Telephone _____

Those authorized to pick up child, other than parents and regular carpool:

Name _____ Relationship to child _____ Telephone _____

Name _____ Relationship to child _____ Telephone _____

Signature of Parent or Guardian

Preschool Hours: 9:15 AM to 1:15 PM

Preferred Session: 2 days _____ 3 days _____ 4 days _____ 5 days _____

NOTE: The non-refundable application processing fee of **\$25.00 per child is due with this form.** The non-refundable registration fee of \$125.00 per family is due when we have a space available for your child.