

**ST. MARK COOPERATIVE NURSERY SCHOOL  
APPLICATION  
THREE YEAR OLD PROGRAM**

Date \_\_\_\_\_

Child's full name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City/State Zip

Telephone \_\_\_\_\_

Date of birth \_\_\_\_\_ Sex \_\_\_\_\_

Name child expects to be called at school \_\_\_\_\_

PROGRAM PREFERRED: THREE DAYS A WEEK, AM, 9:00-11:25 \_\_\_\_\_  
TUES, WED & FRI  
THREE DAYS A WEEK, PM, 12:30-3:10 \_\_\_\_\_  
TUES, WED & FRI

CO-OP PARENT \_\_\_\_\_ NON CO-OP PARENT \_\_\_\_\_

EARLY ARRIVAL? \_\_\_\_\_ PLEASE INDICATE THE TIME \_\_\_\_\_

Father's name \_\_\_\_\_

Business address \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother's name \_\_\_\_\_

Business address \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Do both parents now live with the child? \_\_\_\_\_

Other children in the family \_\_\_\_\_

Name

Age

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything about your child that the teacher should be made aware of (i.e., fears, likes, dislikes, problems)? \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Does your child take any medications for allergies or any other reason? \_\_\_\_\_ Please indicate medication and reason \_\_\_\_\_

Has your child attended any pre-school?

**Please fill in the following information in case of illness during school hours**

Father at work phone \_\_\_\_\_

Mother at work/home phone \_\_\_\_\_

Friend or relative \_\_\_\_\_  
Name Phone Relationship to child

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_ Phone \_\_\_\_\_

All students must be toilet trained before entering school in September and must reach the age of three by September 30.

I understand, if my child is accepted, that he/she will be enrolled for the full school year. Members shall be permitted to withdraw prior to the end of the school year only in the following instances:

- Serious or prolonged illness
- Removal of the child from the community

Mutual agreement between the member, the teacher and the membership committee will be made for such withdrawal if there is an inability of the child to adjust to school.

Should it be necessary to withdraw my child in accordance with the foregoing, I understand a 30-day notice must be given or one month's tuition paid. It is further understood that, if a child is withdrawn for any other reason, it is the parents' obligation to pay the tuition for the remainder of the school term.

Signature of parent \_\_\_\_\_