

ST. MARK COOPERATIVE NURSERY SCHOOL
FOUR YEAR OLD APPLICATION

Date _____

Child's Full Name _____

Address _____
Last Middle First
Street City/State Zip

Telephone _____

Date of Birth _____ Sex _____
Month Day Year

Name child expects to be called at school _____

PROGRAM PREFERRED: Five(1/2)days per week only A.M. _____ 9:00-11:30

Three(1/2)days per week only A.M. _____ 9:00-11:30

In addition to the above sessions:

Extended days Mon. Weds. Fri. _____ 11:30-3:00

Weds. Fri. _____ 11:30-3:00

I would be interested in Tues./Thurs. _____ (If it became available)

I would be interested in other options; such as early morning _____

Father's Name _____

Business address _____

Occupation _____

Mother's Name _____

Business Address(if applicable) _____

Occupation _____

Do Both Parents Live With Your Child? _____

OTHER HOUSEHOLD MEMBERS;

NAME	AGE	RELATIONSHIP TO CHILD
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_____	_____	_____
_____	_____	_____
_____	_____	_____

How Did You Hear About Our Program? _____

List any past experiences(such as an accident) which has influenced his/ her physical or mental condition _____

Does he/she have any speech problems? _____

Has he/she been in speech therapy? _____

Is enunciation distinct, understandable or poor? _____

Does he/she have problems with certain letters or sounds? _____

Has your child attend pre-school previously? What program? _____

I understand, if my child is accepted, he 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 parent, the teacher, the director and or membership committee if there is inability of the child to adjust to the school.

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 It is further understood that, if a child is withdrawn for any other reason, it will be the parents obligation to pay the tuition for the remainder of the school term.

Signed _____

Please fill in the following information in case of illness or emergency during
Father at Work _____

Friend, Relative or Neighbor _____ Relationship to child _____

Relationship to child _____

Relationship to child _____

Mother at Work _____

Physician _____ Telephone _____

Hospital Preference or closest? _____