



# 2020 – 2021 INFORMATION FORM REGISTRATION CONTRACT

(Revised 1/2/2020)

\_\_\_\_\_ New Student \_\_\_\_\_ Current Student

### Program Information:

\*\* A non-refundable registration fee of \$225.00 for the youngest or only child attending and \$100 for each additional child is paid directly to the school at the time of registration. \*\*

### Regular Program 9:00 am – 12:00 pm

- 2-Day Mon/Wed or Tues/Thurs - \$230 monthly or \$1863 yearly  
2 year olds
- 3-Day Mon/Wed/Fri or Tues/Thurs/Fri - \$280 monthly or \$2,268 yearly  
3 year olds(must be fully potty-trained)
- 5-Day Monday-Friday - \$335 monthly or \$2,713 yearly  
4 year olds(must be fully potty-trained)

### Child's Information:

Full Name: \_\_\_\_\_ Sex:  M  F Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Full Name: \_\_\_\_\_ Sex:  M  F Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Full Name: \_\_\_\_\_ Sex:  M  F Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Full Name: \_\_\_\_\_ Sex:  M  F Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

### Family Information:

<p><b>Head of Household</b>      Check Correct Information</p> <p><input type="checkbox"/> Birth Parent   <input type="checkbox"/> Step-parent   <input type="checkbox"/> Legal Guardian</p> <p>Name: _____</p> <p>Cell #: _____</p> <p>Home #: _____</p> <p>Work #: _____</p> <p>Email: _____</p> <p>Street Address: _____</p>	<p><b>Spouse</b>      Check Correct Information</p> <p><input type="checkbox"/> Birth Parent   <input type="checkbox"/> Step-parent   <input type="checkbox"/> Legal Guardian</p> <p>Name: _____</p> <p>Cell #: _____</p> <p>Home #: _____</p> <p>Work #: _____</p> <p>Email: _____</p> <p>City &amp; Zip: _____</p>
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Religion: \_\_\_\_\_ If Catholic, are you registered at St. Mark?  Yes  No

**Medical Information:**

Health Problems: \_\_\_\_\_ Allergies: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Emergency Contacts *Other than Parents:***

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relation: \_\_\_\_\_ Relation: \_\_\_\_\_

Cell #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Home #: \_\_\_\_\_ Home #: \_\_\_\_\_

Work #: \_\_\_\_\_ Work #: \_\_\_\_\_

**Medical Release:**

In case of an emergency, when the parents or guardians cannot be reached, I grant permission to St. Mark Catholic Church to provide and/or obtain medical attention for my child(ren). I realize that the recommendations of the emergency medical service will determine to which hospital my child will be taken if it is an extreme emergency. I further authorize the medical personnel of the hospital to care for and /or treat my child.

\_\_\_\_\_ I agree \_\_\_\_\_ I do NOT Agree \_\_\_\_\_ Initial

**Public Communication and Picture Release:**

I also grant permission for St. Mark Catholic Church, Mother's Day Out, and Youth Ministry Office to use my child(ren's) name(s) and/or photograph(s) for use in St. Mark parish publications such as flyers, the parish bulletin, and the parish web site.

\_\_\_\_\_ I agree \_\_\_\_\_ I do NOT Agree \_\_\_\_\_ Initial

**Please Submit the Following Documents With Your Completed Registration Form:**

- Immunization Record  Birth Certificate

**Parent's Acknowledgement:**

\*\* I WILL NOT HOLD THE TEACHER'S OR DIRECTORS RESPONSIBLE FOR ANY UNFORESEEN ACCIDENT. AS LONG AS PROPER SAFETY MEASURES ARE MAINTAINED. I ALSO UNDERSTAND THE CHURCH IS NOT DIRECTLY RESPONSIBLE FOR ANY SUCH ACCIDENTS. \*\*

\*\* I UNDERSTAND THAT ANY TUITION MORE THAN FIVE (5) DAYS LATE WILL RESULT IN TERMINATION OF THIS CONTRACT. IF YOU KNOW THAT YOU WILL NOT BE ABLE TO MAKE A PAYMENT ON TIME AND STILL WANT YOUR CHILD TO ATTEND THE MOTHER'S DAY OUT PROGRAM, PLEASE CALL THE OFFICE AND TALK TO RENAE OR VICKI TO MAKE PAYMENT ARRANGEMENTS. \*\*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Registration Fee Paid \_\_\_\_\_ Ck#: \_\_\_\_\_ Date: \_\_\_\_\_ Staff: \_\_\_\_\_

Immunization Record Received \_\_\_\_\_

Birth Certificate Received \_\_\_\_\_