

STUDENT APPLICATION FORM

SAINT MARK PRESCHOOL

1934 52nd St. SE Kentwood, MI 49508

Phone (616) 455-5320 www.smls.net

2019-2020

Office Use Only

Grade _____

Date ____/____/____

Check # _____

App Fee Pd \$ _____

STUDENT'S NAME _____
LAST FIRST M. I. M/F (circle one)

STUDENT'S BIRTH DATE ____/____/____ NAME TO BE USED BY TEACHER _____

STUDENT'S ADDRESS _____
STREET CITY/ZIP

HOME PHONE _____ CELL PHONE (Mom) _____

EMAIL _____ CELL PHONE (Dad) _____

MOTHER'S NAME _____ OCCUPATION _____

HOME PHONE # IF DIFFERENT THAN STUDENT _____

ADDRESS IF DIFFERENT THAN STUDENT _____

PLACE OF BUSINESS _____ BUSINESS PHONE _____

FATHER'S NAME _____ OCCUPATION _____

HOME PHONE # IF DIFFERENT THAN STUDENT _____

ADDRESS IF DIFFERENT THAN STUDENT _____

PLACE OF BUSINESS _____ BUSINESS PHONE _____

PRESCHOOL CLASS OFFERINGS:

_____ T-TH 3 Yr. old AM Session (9:00-11:30AM) (Child must have reached 33 months of age and be developmentally ready.)

*Note your first and second choice for the 4 year old session. The 4 Yr. old PM class is subject to enrollment numbers.

_____ M-W-F 4 Yr. old AM Session (8:45-11:30 AM) (Child must have reached 45 months of age and be developmentally ready.)

_____ M-W-F 4 Yr. old PM Session (12:30-3:15 PM) (Child must have reached 45 months of age and be developmentally ready.)

BRIDGE PROGRAM: (Older 4s/Young 5s) (Child must be 57 months of age.)

_____ Bridge Program 3 Full Days (8:45 am-3:15 PM)

EXTENDED DAY PROGRAM: (M-W-F Afternoon session for 4 Yr. old AM children.)

_____ Extended Day M-W-F (11:30am-3:15 PM)

_____ I would be interested in Before School Care if offered. (This option is only available when numbers and staffing allow.)

_____ I would be interested in After School Care if offered. (This option is only available when numbers and staffing allow.)

A NON-REFUNDABLE APPLICATION FEE OF \$50 IS DUE WITH THIS FORM.

(This is a processing fee and is not applied toward tuition.)

Please share information about your family.

Other children in family: (please specify: name/age/school)

Brothers _____

Sisters _____

Church Affiliation:

We are members of **Saint Mark Lutheran Church** ____ Yes ____ No

We are members of another congregation? ____ Yes ____ No

_____ We have no church affiliation at this time

Would you like any information regarding Saint Mark Lutheran Church? ____ Yes ____ No

Name of Home Church _____

How can Saint Mark Lutheran Church and Preschool assist you in your family's faith journey?

What do you hope to have your child gain from his/her experience at Saint Mark Lutheran School and Preschool?

Please share any additional information about your child that will help ensure a positive learning experience for him/her: (family changes, new baby, activity level, personality traits, special physical needs, allergies, etc.)

How did you hear about Saint Mark Lutheran Preschool?

NON-DISCRIMINATION POLICY

Saint Mark Lutheran Preschool does not discriminate on the basis of sex, race, color, national or ethnic origin in any of our programs for children or among those who are employed to administer our educational policies, programs and activities.