# ST. MARK'S PRESCHOOL - Enrollment Form 2026-2027

101 S. 6th Avenue St Charles, IL 60174
Office: (630) 584-4850 Fax: (630) 584-8646
E-Mail: preschool@stmarkslife.org

**Student's Name:** _____ **Date of birth:** __ __/__ __/__ __ __ __

__Male ___Female **Nickname:**_____ *(What they like to be called- ex: Jonathan/Johnny)*

Preferred Contact EMAIL: _____(please print)

**Home address:** _____

**City:** _____ **Zip:** _____ **Home Phone#** _____

**Parent's Marital Status:** _____

**Father's name:** _____ Cell # _____

**Mother's name:** _____ Cell # _____

## Please Indicate Class Preference:

**Two's Class**

___ MW 2s 9:30-12:00 (5 hr/wk) $195/mo (3 by 1/31/27)

___TTH 2s 9:30-12:00 (5 hrs/wk) $195/mo (2 by 9/1/26)

**Three's Class**

___TTHF 3s 9:15-12:15 (9 hr/wk) $260/mo (3 by 9/1/26)

___ ADD Extended Tuesday 12:15-2:15 (2 hrs/wk) $70/mo

**Four's Class**

___ M-TH 4s 9:15-12:15 (12 hrs/wk) $345/mo (4 by 9/1/26)

___ ADD Extended Tuesday 12:15-2:15 (2 hrs/wk) $70/mo

___ ADD Four's Fridays 9:15-12:15 (3 hrs/wk) $80/mo

A Friend Request: _____
*If there is a friend your child is hoping to be with in class, we will do our best to accommodate.*

* Enrollment is determined on a first come, first served basis contingent upon payment of a $150 non-refundable fee payable to "St. Mark's Preschool" (additional siblings $50 each).

**Tuesday, January 13, 2024 - Current Family Enrollment begins** (Enrollment Form & Fee required)
**Monday, January 26, 2024 - NEW families may begin registering**

_____ _____
Parent (Guardian) signature Date

** *This spring you will receive an email with a link to complete further information for your child's enrollment.*

** *If you're new to St. Mark's a copy of your child's birth certificate & School Physical is required by June 1st*

*Office Reference: Date_____Ck#_____ Amt. $ _____ List _____ Reg _____ Shep _____ BrighS _____*