



Office Use Only		
Fee enclosed: _____		
Date Rec: _____		
S	J	M

Following The Lamb...

ST. MARK'S STUDENT APPLICATION

Class: _____ 2-Year-Olds _____ 3-Year-Olds _____ 4/5-Year-Olds

CHILD INFORMATION

Name _____ Sex _____ Birthday _____

Name you want used for your child in school _____

Address _____ Zip Code _____

Phone Numbers () _____ Cell Phone () _____

Primary language spoken at home _____ Secondary language _____

PARENT/GUARDIAN INFORMATION

1. Name _____ Relationship to Child _____

Home Address _____

Home Phone () _____ Occupation _____

Work Address _____

Work Phone () _____

2. Name _____ Relationship to Child _____

Home Address _____

Home Phone () _____ Occupation _____

Work Address _____

Work Phone () _____

OTHERS LIVING IN SAME HOME AS CHILD:

Name	Relationship to Child	Birthday, if child
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SOCIAL HISTORY

Does your child attend a Sunday School/Church or any other organized programs? (such as daycare, dance, speech, CAIU)? _____ Where? _____

What are your child's favorite activities? _____

EMERGENCY INFORMATION

Who should we contact in case of an emergency if the parent/guardian(s) cannot be reached?

1. Name _____ Relationship to Child _____

Address _____

Phone Number () _____

2. Name _____ Relationship to Child _____

Address _____

Phone Number () _____

Child may be released to the above-named emergency contacts: Yes/No

CHILD'S PHYSICIAN

Name _____

Address _____ Phone () _____

MEDICAL INFORMATION

Are there any health problems we should be aware of? _____

If yes, please explain _____

Does your child have any special needs? _____ If yes, please explain _____

Is your child allergic to anything (including food and medication)? _____

Is your child able to use the toilet by him/herself? _____

There are no diaper changing facilities available for the 3 & 4 year old class.

Are there any specific words your child uses to describe their bladder/bowel functions?

Which hand does your child prefer? _____ Right _____ Left _____ Both

How did you hear about our program? _____

FINANCIAL INFORMATION

The purpose of the Scholarship fund is to provide assistance to families experiencing financial difficulties that otherwise would prevent their child from attending Nursery School. Funds available in the scholarship fund will determine the amount of scholarships to be awarded. Are you interested in a scholarship application?

Revised 1/2010