

2025-26 REGISTRATION FORM

PLEASE PRINT:

Child's Name: _____ Birthdate: _____ Sex: M F

Name by which child is called: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email Address: _____

Parent 1 Name: _____ Cell Phone: _____ Work Phone: _____

Parent 2 Name: _____ Cell Phone: _____ Work Phone: _____

Is child currently enrolled at St. Mark's Preschool? Yes No Class Name: _____

Is a sibling of this child currently enrolled in our program? Yes No

Name of sibling _____

Has a member of your family been enrolled in our program in the past? Yes No

Name of sibling: _____ Class: _____

Are you a member of St. Mark's United Methodist Church? Yes No

Has your child attended another preschool program? Yes No

If yes, when: _____ Where: _____

PLEASE REVIEW ATTACHED SCHEDULE OF CLASSES AND LIST YOUR PREFERENCE BELOW IN ORDER:

1) _____ 2) _____

Class placement for current students and St. Mark's church members will occur on January 17th, 2025. Previous families and then new families will be placed following current students and church members.

WE WILL MAKE EVERY EFFORT TO ACCOMMODATE YOUR FIRST CHOICE.

Current families:

Please return forms in your child's yellow folder.

New families:

Forms can be dropped off at Door #4 beginning at 7:30am on Tuesday, January 7th. Preference will be given in the order in which forms were received.

OR

Email: preschool@stmarkscarmel.org

Phone: (317) 846-8941

Mail forms to: St. Mark's Preschool
4780 E. 126th Street
Carmel, IN 46033

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