

**CLAYMONT PRESCHOOL at ST. MARK**

601 Claymont Drive  
Ballwin, MO 63011

**REGISTRATION FORM**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

Telephone (\_\_\_\_) \_\_\_\_\_ Subdivision \_\_\_\_\_

E-mail address \_\_\_\_\_ School District \_\_\_\_\_

Church \_\_\_\_\_ Child's Sex \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Cell or Business Phone (\_\_\_\_) \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Cell or Business Phone (\_\_\_\_) \_\_\_\_\_

Names & date of birth of other children in family \_\_\_\_\_

How did you hear about Claymont Preschool at St. Mark? \_\_\_\_\_

Has your child attended preschool before? \_\_\_\_ If so, how long and how many days a week? \_\_\_\_\_

Does your child have any food or peanut allergies? \_\_\_\_\_

**CHECK PREFERENCE:**

<u>2's</u>	<u>3's</u>	<u>4's</u>
1-day Your Choice (M-Th) _____ (indicate which day)	2-days (T/Th) _____	3-day AM (M-W) _____ 4-day AM (M-Th) _____
2-days (M/W) _____ (T/Th) _____	2 or 3-days (M/W/F) ____ (if 2 days, indicate which)	3-day PM (M-W) _____ 4-day PM (M-Th) _____

Enrollment in the programs of Claymont Preschool at St. Mark is open to all persons regardless of their religious affiliation, race, color, national or ethnic origin.

I understand that the \$80.00 enrollment fee is non-refundable except for an "out-of-the-area" move before school starts.

Signed \_\_\_\_\_ Date \_\_\_\_\_