

APPLICATION FOR ST. MARK'S NURSERY SCHOOL

130 Mineola Road East
Mississauga, Ontario L5G 2E5
Telephone: 905-510-1141

Name _____ Sex _____

Home Address _____ Postal Code _____

Home Telephone _____ Birth Date: D _____ M _____ Y _____

Name of Parent(s)/Guardian _____

Father's Place of Business _____

Business Address _____ Postal Code _____

Work Phone _____ Cell Phone: _____

Mother's Place of Business _____

Business Address _____ Postal Code _____

Work Phone _____ Cell Phone: _____

Mother/Father/Guardian Home Address: If different from above
_____ Telephone: _____

Please List the name and ages of any sisters / brothers _____

IN CASE OF AN EMERGENCY:

If you are not at home / work, who should be called in case of an emergency:

People child may be released to and relationship

Does your child attend Sunday School? Yes / No / Where _____

Is family affiliated with a church? Yes / No

What Church? _____

Has the Applicant been Baptized? Yes / No

Language spoken at home _____

How did you learn about St. Mark's Nursery School? _____

Please indicate Preference: Morning _____ Afternoon _____

After School _____

Program: 5 Day _____ 4 Day _____ 3 Day _____

If at all possible, I would like my child to attend the following days:

Please circle: Monday / Tuesday / Wednesday / Thursday / Friday

Lunch (available to JK/SK children only) M / T / W / Th / F

Extended time is available - ½ hour at the start/end of each session

Would you like to receive information electronically? Yes _____ No _____

If yes, please include your email address _____

Date of Admission _____ Date of Withdrawal _____

A completed medical form and a photocopy of the record of immunization MUST BE SUBMITTED BEFORE a child begins attending.

STATEMENT OF APPLICATION

To: St. Mark's Nursery School

Please accept this application for the above named child to be enrolled in your school. I have completed the information requested and certify it to be correct to the best of my knowledge. I have read the parent handbook and agree to it.

Parent or Guardian _____ Date _____

School Supervisor _____ Date _____

The last month's fees is required as a deposit

Monthly Program Fees

Fees: 2 Day- \$145.00 / 3 Day - \$190.00 / 4 Day - \$230.00 / 5 Day - \$260.00

Lunch Program fees: 3 Day- \$90.00 / 4 Day-\$120.00 / 5 Day-\$150.00

Extended, per month fees: 3 Day-\$45.00 / 4 Day-\$60.00 / 5 Day-\$75.00

Weekly Program Fees

After School: 1 Day-\$20.00 / 2 Day-\$30.00 / 3 Day-\$40.00

4 Day-\$50.00 / 5 Day-\$60.00

This deposit is non-refundable if cancelled after June 15th.

In case of withdrawal: One (1) month's notice is required.

Payment must be 9 post-dated cheques, no cash please.

Do you require a receipt for income tax purposes? Yes / No

----- Detach here -----

If you would like information about other programs and events that are offered by The Church of Saint Mark - Lutheran, please fill in the contact information that best suits you.

Name: _____

Address: _____

Telephone: _____ Email: _____