



# St. Mark's Nursery School

## Application for Enrollment

CHILD'S NAME \_\_\_\_\_ NICKNAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ HOME PHONE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_

SIBLING(S) NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

I WISH TO REGISTER MY CHILD FOR: \_\_\_\_\_ 3 YEAR OLD Mon, Tue, Thur 9 -12

\_\_\_\_\_ 4 YEAR OLD Mon, Tue, Wed, Thur 9 -12

\_\_\_\_\_ I HAVE ENCLOSED A NON – RETURNABLE RECENT PHOTO OF MY CHILD

\_\_\_\_\_ I HAVE ENCLOSED A NON – REFUNDABLE REGISTRATION FEE OF \$60  
PAYABLE TO ST. MARK'S NURSERY SCHOOL

PARENT / GUARDIAN SIGNATURE \_\_\_\_\_

\*\*\*\*\* OFFICE USE ONLY \*\*\*\*\*

APPLICATION RECEIVED \_\_\_\_\_ CHECK NO. / AMOUNT \_\_\_\_\_

INTERVIEW APPT. \_\_\_\_\_ ADMISSION \_\_\_\_\_

**FINANCIAL ASSISTANCE IS AVAILABLE - PLEASE CONTACT HELEN PALMESI AT 203/972-7888**

Mail applications to:  
St. Mark's Nursery School  
111 Oenoke Ridge  
New Canaan, CT 06840