St. Mark Cooperative Nursery School Celebrating 50 years (1956-2006)

Child's Full	Name		Middle		
		Last	Middle	First	
Address					
	Street	Ci	ty/State	Zip	
Telephone					
Date of Birt	:h			Sex	
	Month	Day	Year		
Name child	expects to	be calle	d at school_		
			nday AM 9:00		
DD 0 0D 714 (0)		Mo	nday AM 10:3	5-12:00	
PROGRAM(S)	PREFERRED:	Thursday AM 9:00-10:10			
		117	arsday zer ro	.20 11.30	
Emergency Te	elephone _				
		···			
Eathar					
rather	rs Name			,	·
Mother	's Name				
Do Bot	th Parents	Live With	n Your Child?		
OTHER	HOUSEHOLD	MEMBERS:			
NAME	AGE		RELATIONS	SHIP TO CHILD	

Is there anything about your child that the teacher should be made aware of (i.e., fears, likes, dislikes, problems)?
Does your child have any allergies?
Does your child take any medications for allergies or any other reason? Please indicate medication and
reason
Has your child attended any pre-school?
* * * * * * *
Please fill in the following information in case of illness during school hours
Father at work phone
Mother at work/home phone
Friend or relative
Physician Phone Phone
HospitalPhone
All students must be age 2 by September 30th of current year.
I understand, if my child is accepted, that he/she will be enrolled for the full session. Members shall be permitted to withdraw prior to the end of the school year only in the following instances: Serious or prolonged illness Removal of the child from the community
Mutual agreement between the member, the teacher and the membership committee will be made for such withdrawal if there is an inability of the child to adjust to school.
Should it be necessary to withdraw my child in accordance with the foregoing, I understand a 30-day notice must be given or one month's tuition paid. It its further understood that, if a child is withdrawn for any other reason, it is the parents' obligation to pay the tuition for the remainder of the school session.
Signature of Parent