

St. Mark Day School

2026-2027 Preschool Registration

413 Geddes Ave., Charleston, SC 29407

Child's Name: _____

Male **Female** **Age:** _____ **DOB:** _____

Address: _____

Father's Name: _____ **Phone #:** _____

Employer: _____

Mother's Name: _____ **Phone #:** _____

Employer: _____

Email: _____

Allergies: _____

Note to divorced/separated parents: Please provide information and legal documentation regarding court awarded custody and if there are/is any person(s) who may NOT call for your child.

Physician: _____ **Phone #:** _____

Hospital Preferred: _____

Please list below any person(s) name and phone number who may deliver and/or arrive to collect your child, so that we can avoid any inconvenience or problems. If someone arrives to collect your child and the staff have not been introduced to them and their names are not written below, St. Mark Day School CANNOT allow child to leave with them. This is for their protection. Person(s) picking up child will be subject to an identification check and are required to sign child out.

Name: _____ **Phone #:** _____

Name: _____ **Phone #:** _____

Name: _____ **Phone #:** _____

List two local contact names if parents/guardians cannot be reached in case of emergency:

Name: _____ **Relationship:** _____

Phone #: _____

Name: _____ **Relationship:** _____

Phone #: _____

Please attach a copy of your child's current immunization record for our files.

Signature: _____

Date: _____

Please indicate what days your child will be attending:

Monday-Friday _____

Monday, Wednesday and Friday _____

Other: _____

My Child will need Early Morning Drop Off: _____