

**St. Mark Day School**  
**2022-23 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:** \_\_\_\_\_