



Saint Mark's
CATHOLIC PRESCHOOL

SUMMER 2020 ENROLLMENT FORM

Child's Name: _____ Birthdate: _____ M / F

Parent/Legal Guardian Name: _____

Address: _____

Phone: _____

Parent/Legal Guardian Name: _____

Address: _____

Phone: _____

Please circle one: Half Day Full Day

Please circle the days your child will attend: M Tu W Th F

I agree to pay the following total amount \$ _____ through TADS for June, July and August, 2020. (Please see the attached tuition for summer 2020.)

Parent/Guardian Signature _____

Date _____