Registration 2026-2027

St. Mark's Lutheran Preschool
454 Fieldstone Rd.
Mooresville, NC 28115
(704)-664-2009

To complete enrollment, return along with $100.00 registration fee to St. Mark's Lutheran Preschool.

Child's Name ____
First Middle Last

Nickname/ Name preferred to be used_______________________________

Date of Birth_____________________ Class Age as of Aug. 31, 2026 ________

Address ____
Number and Street City State Zip P. O. Box

Email Address ____

Cell Phone (Mom) _________________________

Cell Phone (Dad)___________________________ Please place asterisk next to preferred 1st contact #

Home Phone ______________________________

Mother's Name _______________________ Occupation _________________________

Place of Employment ___________________ Work Phone ________________________

Father's Name ________________________ Occupation _________________________

Place of Employment ___________________ Work Phone ________________________

Parents' Marital Status: Married ____ Divorced ____ Separated _____ Single ____Other____

Step Parents ____

Other Children in Family ____

Are there any food allergies, severe allergies, or health concerns?_________________________

____

Are there any diagnosed or suspected learning difficulties? ______________________________

____

Has your child previously attended preschool? Yes No Where? ______________________

Please share any other information which might be helpful to the teacher.

____

____

Church Membership ____

Please list others who may pick up your child.

Name _______________________ Phone _________________________Relationship________

Name _______________________ Phone _________________________Relationship________

Name________________________Phone__________________________Relationship________

Emergency Contact Persons If Parents Cannot Be Reached

Name _______________________________ Phone _____________________________

Name _______________________________ Phone _____________________________

Name _______________________________Phone _____________________________

<u>Emergency Information</u>

Child's Doctor _________________________ Phone ____________________________

Insurance Provider_______________________ Policy # __________________________

St. Mark's Lutheran Preschool
454 Fieldstone Road
Mooresville, N. C. 28115
704-664-2009
Fax 704-660-7737

Physician's Statement

I have examined ________________________________ and find that this child is in
Child's name

good health, and I am aware of no limitations to his or her participation in the normal

activities of a preschool child.

I have noted the following, if applicable:

Known food allergies/ other severe allergies___________________________________

____

Special attention and care is needed for ______________________________________

____

Developmental concerns____

____

Physician's Signature ______________________________ Date _________________

Office Name ________________________________ Phone # ___________________

Please attach a copy of the child's immunization records.