



St. Mark Lutheran  
PRESCHOOL

# Registration Form

3840 S. 19<sup>th</sup> Street  
Lincoln, NE 68502

www.stmarkmustangs.org  
School Office (402).904.7340

Family Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Primary Email Contact: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthday (MM/DD/YY) \_\_\_\_\_

Please put an "X" in **each** of the columns in which you wish to register your child.

\_\_\_\_\_ Full Day (8:30-3:30)                      \_\_\_\_\_ 5 Days (w/Extended Care)

\_\_\_\_\_ Half Day (8:30-11:30)                      \_\_\_\_\_ 5 Days (No Extended Care)

\_\_\_\_\_ 3 Days (M, W, F)

\_\_\_\_\_ 2 Days (T, Th)

**Are you a first-time enrolling family?** Y / N **How did you hear about us?** \_\_\_\_\_

**Are you a member of a church?** Y / N **If so, please let us know which one:** \_\_\_\_\_

**Non-refundable Registration Fee:** \$50.00 (Registration is considered official upon receipt of this form and paid registration fee. Checks made payable to *St. Mark Lutheran Church.*)

I wish to register my child for enrollment at St. Mark Lutheran School for the upcoming school year and have included the registration fee with this form.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**