



St Mark's
Episcopal Church
ST. MARK'S PRESCHOOL
NEW CANAAN, CONNECTICUT

APPLICATION for 2024-2025 school year.

Child's name _____ Birth date _____

Preferred name to be used at school _____ Gender M / F

Home Address _____

Town/state _____ zip code _____

Primary phone # _____

May we share contact information with the Board to share with families?

(check one) Yes _____ No _____

Parent/Guardian's name _____ Cell phone _____

Occupation _____ employer _____

Primary Email _____ work phone _____

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Occupation _____ employer _____

Primary Email _____ work phone _____

How did you hear about St. Mark's Preschool?

_____ web site _____ ad/flyer _____ referral name(s) _____

Name of preschool or day care child currently attends _____

Name of school your child is districted for kindergarten _____

Sibling(s) name	Date of birth	Current school	SMP Alumni

I wish to register my child for:

_____ Young Twos program-Tuesday/Thursday 9:00-11:45

_____ Older Twos program-Monday, Wednesday, Friday: 9:00-12:00

_____ Afternoon Twos-Monday, Tuesday, Thursday: 12:30-3:00

_____ Threes program -Monday-Thursday: 9:00-12:00

_____ Fours program- Monday, Tuesday, Wednesday, Thursday: 9:00-12:00- plus two extended days (Monday & Wednesday until 1:55)

_____ Pre-K Fives program- Monday, Tuesday, Wednesday, Thursday: 9:00-12:00- plus two extended days (Monday & Wednesday until 1:55)

Are you a member of St. Mark's church? _____

Please enclose the following:

_____ Non-refundable application fee of \$100 payable to St. Mark's Preschool

Parent/guardian signature_____ date_____

SMP welcomes families of all races, nationalities, creeds, religions, and social and economic backgrounds.