

# ST. MARK'S SCHOOL Admissions Agreement

To the parents of \_\_\_\_\_

\* I/we understand that Orientation is offered each September and that my attendance is essential to my child's enrollment and well being in this program.

\* I/we understand that photographs of our students will be used only in the program and may be displayed on the school premises or the (private) newsletter as related to the curriculum.

\* I/we grant permission for my child to leave the school premises under the supervision of staff members for neighborhood walks such as to the park or mailbox as appropriate for the curriculum. (Not to be confused with class field trips.)

\* I/we firmly believe that parents must be involved in the school and in the education of their children. **Parents and school working together** is important to quality education and neither can, nor should, exist without the other's support. I/we understand that each family is obligated to help support St. Mark' School not only with timely payment of tuition, but through voluntary service during family supported events during the school year.

**\* I/we agree to adhere to these policies:**

My child must be in good health to attend the program.

My child will be legibly signed in and out each day by a responsible adult.

I will provide a phone number each day where I may be reached while my child is in attendance.

All gates and doors will be opened **ONLY BY AN ADULT**.

Full tuition payments will be paid by the monthly or session due date.

Questions regarding my tuition will be resolved with the director before the due date.

All emergency and health information pertaining to my child will be kept updated.

I/we will exercise caution while driving through the center parking lots and or when entering and exiting the school grounds.

On my child's registration form I have indicated my preferences for my family name, address, phone number, and email address to be listed in the school roster, which will be distributed to families in the school. This list will be used by school volunteers to contact families about school and classroom events, and by parents to contact each other to arrange play dates and birthday parties. I understand that this information will be used as needed for emergency notification.

The signature/s below acknowledge receipt of the St. Mark's School Handbook detailing the policies of this program. I/we will strive to understand those policies and insure that others who may be responsible for my/our child are also aware of these policies to keep St. Mark's a safe place for all children registered in this facility.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date