



Office Use Only:

Date Received _____
 Sent Schedule Agreement

PROSPECTIVE STUDENT APPLICATION
2017-2018 School Year

Child's Full Name _____ Birth Date ____/____/____

Name Called _____ Gender _____ Phone # (____)-____-____

Home Address _____ City _____ Zip Code _____

Father's Name _____ Work/Cell Phone (____)-____-____

Mother's Name _____ Work/Cell Phone (____)-____-____

Email Address _____

Siblings: Name _____ Birth Date ____/____/____

Name _____ Birth Date ____/____/____

Please check appropriate spaces:

Child presently enrolled in St. John's Day School? _____

Sibling presently enrolled in St. John's Day School? _____

Member of St. John's Episcopal Church? _____

Program Choices: Toddler Classes

One-Year-Old Class: (Turn one by November 1)

Tuesday/Thursday _____

Two-Year-Old Class: (Turn two by March 1)

Mon/Wed/Fri _____

Five Day Two-Year-Old Class

Mon-Fri _____

Preschool: (child must have a birth date on or before 6/1/15 to enroll in the preschool program)

3 Days (Mon / Wed / Fri) _____

5 Days (Mon - Fri) _____

Pre-K (Mon-Fri only) _____

Before School Care (7:30 – 9:00) _____

"Lunch Bunch" (12:00-2:00)* _____

Extended Care (7:30-5:30) _____

Please note this is not an enrollment form.

***Children must be toilet trained to be enrolled in Lunch Bunch.**

You will be notified when a space is available for your child.

Programs must have adequate enrollment to operate. No Registration Fee is due at this time.