



Office Use Only:

Date Received _____
 Sent Schedule Agreement

PROSPECTIVE STUDENT APPLICATION
2010-2011 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 (____)-____-____

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: (Birth dates between 10/01/08 and 9/30/09) Tuesday/Thursday _____

Two-Year-Olds: (Birth dates between 4/01/08 and 10/31/09) Mon/Wed/Fri _____

Preschool: (child must have a birth date on or before 3/31/08 to enroll in the preschool program)

2 Days (Tues. / Thurs.) _____

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.