



ST JOHN'S DAY SCHOOL

Office Use Only:

Date Received _____
[] Sent Schedule Agreement

PROSPECTIVE STUDENT APPLICATION 2018-2019 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? _____

Mother's Morning Out Baby Class
5 Days (Mon-Fri) 9 to 12 Starting at ages 3 months _____

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 6/1/16 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)* _____ (must be 2 years old by Aug. 1)
Extended Care (7:30-5:30) _____ (must be toilet trained)

Please note this is not an enrollment form.
***Children must be toilet trained to be enrolled in Extended Care. And for Lunch Bunch, must be 2 years old by August 1st.**

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.