



EPISCOPAL DAY SCHOOL OF CHRIST CHURCH PARISH

St. Michael's Campus

Application for Admission

2010-11 School Year

Child's Full Name: _____
Last First Middle

Birthdate / Due Date: _____ Place of Birth: _____

Home Phone: _____ Cell Phone: _____

Please indicate below which program you are interested in enrolling your child.

Infant, Ones & Twos

Pre-School Programs

- _____ School Day (Aug – May)
8:00 a.m. – 2:30 p.m.
- _____ Extended Day (Aug – May)
7:00 a.m.-5:30 p.m.
- _____ Full Year
7:00 a.m. – 5:30 p.m.

- _____ Half Day (Aug – May)
8:00 a.m. - 12:00 noon
- _____ School Day (Aug – May)
8:00 a.m.-2:30 p.m.
- _____ Extended Day (Aug – May)
7:00 a.m.- 5:30 p.m.
- _____ Full Year Program
7:00 a.m.- 5:30 p.m.

Start Date: _____

Applicant's Address: _____

Gender: M F Communicant of Christ Church: Y N

Sibling(s) enrolled at EDS? Y N Parent attended EDS? Y N

Race: (optional) African American Asian American Caucasian Latino/ Hispanic

Child lives with: Mother Father Both

Father's Name: _____ Occupation: _____

Cell Phone: _____ Email: _____

Mother's Name: _____ Occupation: _____

Cell Phone: _____ Email: _____

Are parents married? _____ If no, who has legal custody? _____

Address of parent not living with child: _____

Who will be financially responsible for tuition? _____

Current School Enrollment: _____

Address of Current School: _____

Public School Eligible to Attend: _____

Church Membership or Affiliation: _____

Extra-curricular Activities or Special Interests: _____

Has the applicant ever been dismissed, suspended or asked to withdraw from school for any reason? _____ If Yes, please explain: _____

How did you learn of EDS? _____ If referred by EDS family or staff member, please give name: _____

| Name of Sibling(s) | Age(s) | School or college |
|--------------------|--------|-------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Medical Information:

Can the applicant participate in physical activities? _____

Are there any physical limitations? _____

Any speech, hearing or learning difficulties? _____ If yes, please describe: _____

Does your child require special accommodation, (i.e. daily medications)?

I attest that the information provided in this application is true and accurate to the best of my knowledge:

Parent Signature

Date