



APPLICATION FOR ENROLLMENT

Name of Child _____

Date of birth _____ Current Age ____ Home Phone _____

Address _____

Zip _____

Parent Information

Name _____ Cell Phone _____

Employer _____ Work Phone _____

Contact emails _____

Name _____ Cell Phone _____

Employer _____ Work Phone _____

Contact emails _____

Enrollment Date requested _____ Alternate Date _____

Enrollment Type:

Class: ___ Infants ___ Toddlers ___ Twos ___ Pre-School 3/4 ___ Pre-K

Schedule: ___ 5 days Mon-Fri ___ 3 days Mon/Wed/Fri ___ 2 day Tues/Thur

Do you want to be notified of any available space? _____

For Preschool Applicants:

Previous preschool programs attended _____

Has your child had any evaluations or is currently receiving therapy Y / N

If yes, please briefly describe:

Does your child have any allergies? Y/N

If yes what are they? _____

I hereby apply for enrollment of my child in the St. James' Children's School. I understand that acceptance and continued enrollment is contingent upon appropriate space at the School and the School's ability to meet the needs of the child, plus maintenance of a productive working relationship with the child's parents. Enrollment is subject to payment of fees in advance and no allowance can be made for absence. The required forms must be completed and submitted to St. James' prior to attendance and withdrawal from enrollment by parents requires 60 days advance notice in writing.

Parent Signature _____ Date _____

Application Fee of \$50.00 attached: check# _____ or cash _____

ST. JAMES' CHILDREN'S SCHOOL

11815 Seven Locks Road, Potomac, Maryland 20854

Phone: 301.762.3246 Fax: 301.762.4076 Email: schoolstjames@comcast.net Web: www.stjameschildrensschool.com

