



# 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 \_\_\_ Preschool 3 \_\_\_ Preschool 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

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Website: www.stjameschildrensschool.com