

APPLICATION FOR ADMISSION

Date of Application _____ for Fall 20____ school year

Applicant's Name _____ Nickname _____

Date of Birth _____ Age as of Sept. 15th of incoming year _____ Male Female

Sibling's Name _____ Age _____ School _____

Sibling's Name _____ Age _____ School _____

Parent/Guardian

Parent/Guardian

Full Name

Relationship to Child

Home Address

Nearest Cross Street

City, State, Zip

e-mail

Home Telephone

Mobile Telephone

Business Telephone

Profession

Position

Employer

Business Address

City, State, Zip

How did you hear about the school?

younger 2's ___ 2 days 9:00 - 11:30 am ___ 2 days 1:30 - 4:00 pm
older 2's ___ 3 days 9:00 - 11:30 am ___ 3 days 1:30 - 4:00 pm
3's AM or PM ___ 5 days 9:00 - 11:45 am ___ 5 days 1:00 - 3:45 pm
4's AM ___ 5 days 9:00 - 12:00 pm
4's full day ___ 5 days 9:00 - 2:00 pm/M-Th 9:00 - 12:00pm/F

A Non-Refundable Application Fee of \$75.00 made payable to
THE CHURCH OF THE EPIPHANY DAY SCHOOL must accompany this application.

Please attach a recent photo of your child.