

# *Christ Episcopal Church Day School*

P.O. Box 141  
830 Romancoke Road  
Stevensville, Maryland 21666  
410-643-8248

## APPLICATION FOR ENROLLMENT

PLEASE PRINT OR TYPE. PLEASE RETURN THIS FORM ALONG WITH THE  
NON-REFUNDABLE APPLICATION FEE.

Date \_\_\_\_\_

This application is for: **Morning Nursery** (3 years old)

2-day Nursery     3-day Nursery     5-day Nursery

**Morning Pre-Kindergarten** (4 years old)

3-day Pre-Kindergarten     5-day Pre-Kindergarten

**ALL DAY Pre-Kindergarten** (4 years old)

3-day Pre-Kindergarten     5-day Pre-Kindergarten

**Please mark your first choice with the #1, in case your first choice is full  
please indicate your second choice with the #2**

Child's Full Name \_\_\_\_\_ Child's Soc. Sec. # \_\_\_\_\_

Preferred Name \_\_\_\_\_  Boy  Girl

Child's Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail address \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Occupation \_\_\_\_\_

Father's Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Business Telephone \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Business Telephone \_\_\_\_\_

Child's Previous School Experience (list most recent first, including present school):

Year(s)	Grade(s)	Name of School	City and State
_____	_____	_____	_____
_____	_____	_____	_____

Why did you choose Christ Episcopal Church Day School for your child?

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How did you hear about Christ Episcopal Church Day School?

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We offer *Priority Registration* if:

(Check all that apply)

- Child is a current student at CECDS.
- Child is the sibling of a current student of CECDS.
- Child's parent is a member of Christ Church Parish, KI.
- Child has a parent or sibling who has attended CECDS in the past.

For a child to be considered for Priority Registration, we must receive his/her application, with applicable fee, before January 9, 2015.

Names of Brothers \_\_\_\_\_ Birth date \_\_\_\_\_

\_\_\_\_\_ Birth date \_\_\_\_\_

Names of Sisters \_\_\_\_\_ Birth date \_\_\_\_\_

\_\_\_\_\_ Birth date \_\_\_\_\_

## HEALTH INFORMATION

In cooperation with the State Board and the Medical and Chirurgical Faculty of Maryland, the Department of Health and Mental Hygiene require that children be up-to-date on their immunizations to attend school or childcare. To find out current immunization requirements, or if you have any questions about immunizations, please contact your child's Doctor.

***Please be aware that children will not be allowed to attend school until we have received a complete and up-to-date immunization record signed by your child's physician.***

1. Is there a history of Diabetes, Rheumatic Fever, Epilepsy, Allergy, or any physical impairment (glasses, hearing aid, etc.) that may necessitate your child being given special attention?
  2. Does your child have any other special needs? Does your child have an IEP?
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Christ Episcopal Church Day School admits students of any race, religion, or national or ethnic origin and does not discriminate in the administration of its educational policies, admission policies, or other school administered programs.

Signed:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Name

