

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

APPLICATION FOR ENROLLMENT

Please print or type and return this form along with the Non-Refundable Application Fee.

Date	<u> </u>
This application is for:	 [] Nursery (3 years old) M W F 9:15-12:15 [] Pre-Kindergarten (4 years old) Morning M W F 9:15-12:15 [] Pre-Kindergarten (4 years old) Full Day M W F 9:15-3:15
Child's Full Name	Preferred Name:
	Date of Birth: [] Boy [] Girl
Home Address:	
~.	Zip
Father's Full Name:	Phone:
Home Address:	
	Occupation:
Employer:	Bus. Phone:
	Phone:
	Occupation:
Employer:	Bus. Phone:
Child's Previous School Ex	erience (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?

Parent/Guardian Signature Print Name

Signed: