

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: 2-day Nursery (3 years old) 3-day Nursery (3 years old)
 3-day Pre-Kindergarten (4 years old) 5-day Pre-Kindergarten (4 years old)
 5-day ALL DAY Pre-Kindergarten (4 years old)

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?

How did you hear about Christ Episcopal Church Day School?

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 6, 2010.

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?

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