

ST. GEORGE'S KINDERGARTEN & MOTHER'S DAY OUT 2017-18 ADMISSIONS APPLICATION

DEADLINE FOR LOTTERY - DECEMBER 15TH, 2016

APPLICATION FOR: MOTHER'S DAY OUT KINDERGARTEN (see page 3 for eligibility requirements)

FOR OFFICE USE ONLY - PLEASE DO NOT WRITE IN THIS BOX.

CHECK NUMBER: _____ DATE RECEIVED: ____/____/____

CURRENT CHURCH MEMBER - MEMBERSHIP DATE: ____/____/____

NEW FAMILY

SIBLING - PRESENT, PAST, NEW

MDO DAY: _____ CHILD'S BIRTHDAY: ____/____/____ AGE GROUP APPLYING: _____

NAME OF CHILD: _____
last first middle name your child likes to be called

DATE OF BIRTH: _____ GENDER: MALE FEMALE
(month/ day/ year)

CORRESPONDENCE REGARDING APPLICATION SHOULD BE ADDRESSED TO:

(please indicate relationship to applicant)

name(s) - please indicate Mr. and Mrs., Dr. and Mrs., Mr. only, Ms. only, etc.

relationship

street

home telephone

city

state

zip

FATHER'S INFO:

name

home address (if different from above)

city

state

zip

telephone

cell phone number

e-mail address

occupation & title

employer

business/professional address

city

state

zip

telephone

MOTHER'S INFO:

name

maiden name

home address (if different from above)

city

state

zip

telephone

cell phone number

e-mail address

occupation & title

employer

business/professional address

city

state

zip

telephone

PLEASE RETURN THIS FORM WITH A NON-REFUNDABLE APPLICATION FEE OF \$75.00 PER CHILD.

CHILD LIVES WITH: MOTHER FATHER BOTH PARENTS

DOES THIS CHILD HAVE ANY SPECIFIC PHYSICAL LIMITATIONS? YES NO

PLEASE ELABORATE: _____

HAS YOUR CHILD BEEN REFERRED FOR ASSESSMENTS OR RECEIVED ANY KIND OF SPECIAL SERVICES? DOES YOUR CHILD HAVE ANY IDENTIFIED SPECIAL NEEDS? YES NO

PLEASE ELABORATE: _____

HAS YOUR CHILD HAD PREVIOUS PRESCHOOL EXPERIENCE? YES NO

IF SO WHERE? _____

WILL YOUR CHILD ATTEND ANOTHER PROGRAM WHILE ENROLLED AT ST. GEORGE'S?

YES NO

IF SO WHERE? _____

IN ORDER TO HELP US WITH PLACEMENT, PLEASE LIST ANY OTHER CHILD FOR WHOM YOU ARE APPLYING AND THE AGE GROUP AND/OR DAYS REQUESTED:

child's name	age group	days requested
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child's name	age group	days requested
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HAS A SIBLING PREVIOUSLY ATTENDED ST. GEORGE'S? YES NO

IF YES, SIBLING'S NAME: _____ YEAR: _____

WILL YOU HAVE A SIBLING(S) ENROLLED AT ST. GEORGE'S FOR THE SCHOOL YEAR 2017-18?

YES NO

IF YES, CHILD'S NAME: _____

PLEASE NOTE: IT IS THE PARENT'S RESPONSIBILITY TO KEEP ALL PERSONAL INFORMATION CURRENT.

MOTHER'S DAY OUT ELIGIBILITY:

Children eligible for 1 full day of Mother's Day Out must be 12 months of age by September 30th, 2017.

* Children with birthdays between October 1st and December 31st, 2017 are eligible to start in September 2017, but may only attend on Mondays from 9:00 am to 12:00 pm.

First year students eligible for MDO may only attend one day a week regardless of age.

MOTHER'S DAY OUT PREFERRED DAYS OF ATTENDANCE:

(please rank 1 thru 5, 1 being the highest and 5 being the lowest • preferred days are not guaranteed)

_____ **MONDAY*** 9:00 - 12:00 _____ **TUESDAY** 9:00 - 2:00 _____ **WEDNESDAY** 9:00 - 2:00 _____ **THURSDAY** 9:00 - 2:00 _____ **FRIDAY** 9:00 - 2:00

KINDERGARTEN ELIGIBILITY:

(please check the program box according to your child's birthday)

PROGRAM	NUMBER OF DAYS PER WEEK	AGE REQUIREMENTS	CHILD'S DOB
<input type="checkbox"/> THREE YEAR OLDS	ATTENDS PROGRAM 2, 3 OR 5 DAYS A WEEK*	CHILD TURNS THREE YEARS OF AGE IN 2017	____/____/____
*PREFERRED DAYS OF ATTENDANCE - (Please rank 1 to 3, 1 being the most preferred and 3 being the least preferred.):			
_____ 2 DAY THREE YEAR OLDS - TUESDAYS & THURSDAYS - 9 am to 2 pm			
_____ 3 DAY THREE YEAR OLDS - MONDAYS - 9 am to 12 pm, WEDNESDAYS & FRIDAYS - 9 am to 2 pm			
_____ 5 DAY THREE YEAR OLDS - MONDAYS - 9 am to 12 pm, TUESDAYS thru FRIDAYS - 9 am to 2 pm			
*PLEASE NOTE - While we will make every effort to fulfill your request, class space is limited and your PREFERRED DAYS ARE NOT GUARANTEED.			
<input type="checkbox"/> FOUR YEAR OLDS	ATTENDS PROGRAM 5 DAYS A WEEK	CHILD TURNS FOUR YEARS OF AGE IN 2017	____/____/____
<input type="checkbox"/> FIVE YEAR OLDS	ATTENDS PROGRAM 5 DAYS A WEEK	CHILD TURNS FIVE YEARS OF AGE IN 2017	____/____/____

PLEASE RETURN THIS FORM WITH A NON-REFUNDABLE APPLICATION FEE OF \$75.00 PER CHILD.

ST. GEORGE'S EPISCOPAL CHURCH MEMBERSHIP STATUS FORM

St. George's Episcopal Kindergarten is a direct outreach of St. George's Episcopal Church. Church members are given priority during the Mother's Day Out and Kindergarten admission process.

Church members who meet the criteria below are given a tuition discount for the Three, Four, and Five Year Old programs by:

- by being "confirmed" or "received" at the Church; or*
- by formally transferring membership from another Episcopal church having been previously "confirmed" or "received" into the Episcopal church.*

Church members receiving a tuition discount are encouraged, by the Kindergarten, to be active members of St. George's Episcopal Church by attending worship services and participating in the Church's annual stewardship campaign.

Church membership status for new families is determined by date of application deadline.

Church membership status for currently enrolled families is reviewed annually.

If you are uncertain of your membership status please contact the St. George's Church Parish Secretary, Rebecca Teel, at rebecca.teel@stgeorgesnashville.org or (615)385-2150 (ext. 213).

BASED ON THE DESCRIPTION ABOVE, PLEASE CHECK ONE OF THE FOLLOWING:

- I AM A MEMBER OF ST. GEORGE'S CHURCH.** (If you check this box, please complete the information below.)
- I AM NOT A MEMBER OF ST. GEORGE'S CHURCH.** (If you check this box, do NOT complete the rest of this form.)

PARENT'S NAME: _____

NAME UNDER WHICH CHURCH MEMBERSHIP IS LISTED:

PLEASE DESCRIBE YOUR INVOLVEMENT (IF ANY) AT ST. GEORGE'S CHURCH:

