

# ST. GEORGE'S KINDERGARTEN & MOTHER'S DAY OUT 2018-19 ADMISSIONS APPLICATION

DEADLINE FOR LOTTERY - DECEMBER 15TH, 2017

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.**

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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

child's name

age group

days requested

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 2018-19?

YES  NO

IF YES, CHILD'S NAME: \_\_\_\_\_

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

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**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, 2018.

\* Children with birthdays between October 1st and December 31st, 2018 are eligible to start in September 2018, 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"/> <b>THREE YEAR OLDS</b>	<b>ATTENDS PROGRAM 2, 3 OR 5 DAYS A WEEK*</b>	<b>CHILD TURNS THREE YEARS OF AGE IN 2018</b>	____/____/____
<b>*PREFERRED DAYS OF ATTENDANCE</b> - (Please rank 1 to 3, 1 being the most preferred and 3 being the least preferred.):			
_____ <b>2 DAY THREE YEAR OLDS</b> - TUESDAYS & THURSDAYS - 9 am to 2 pm			
_____ <b>3 DAY THREE YEAR OLDS</b> - MONDAYS - 9 am to 12 pm, WEDNESDAYS & FRIDAYS - 9 am to 2 pm			
_____ <b>5 DAY THREE YEAR OLDS</b> - MONDAYS - 9 am to 12 pm, TUESDAYS thru FRIDAYS - 9 am to 2 pm			
<b>*PLEASE NOTE - While we will make every effort to fulfill your request, class space is limited and your PREFERRED DAYS ARE NOT GUARANTEED.</b>			
<input type="checkbox"/> <b>FOUR YEAR OLDS</b>	<b>ATTENDS PROGRAM 5 DAYS A WEEK</b>	<b>CHILD TURNS FOUR YEARS OF AGE IN 2018</b>	____/____/____
<input type="checkbox"/> <b>FIVE YEAR OLDS</b>	<b>ATTENDS PROGRAM 5 DAYS A WEEK</b>	<b>CHILD TURNS FIVE YEARS OF AGE IN 2018</b>	____/____/____

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