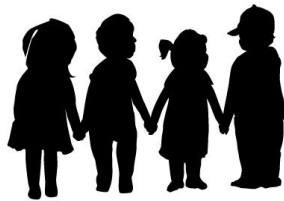


Office Use Only:



Date Received _____
 Sent Schedule Agreement

ST JOHN'S DAY SCHOOL

PROSPECTIVE STUDENT APPLICATION 2024-2025 School Year

Child's Full Name _____ Birth Date ____/____/____

Name Called _____ Gender _____ Phone # (____)-____-____

Home Address _____ City _____ Zip Code _____

Parent 1 Name _____ Work/Cell Phone (____)-____-____

Email address _____

Parent 2 Name _____ Work/Cell Phone (____)-____-____

Email Address _____

Siblings Names _____

Please check appropriate spaces:

Child presently enrolled in St. John's Day School? _____

Sibling presently enrolled in St. John's Day School? _____

Member of St. John's Episcopal Church? _____

Toddler (1yr by October 1st)

2 Days a week (Tuesday/Thursday) _____

3 Days a week (Mon/Wed/Fri) _____

5 Days a week (Mon-Fri) _____

Caterpillar Classes (2yrs by June 1st) and **Butterfly Classes** (3yrs by September 30th)

3 Days (Mon / Wed / Fri) _____

5 Days (Mon - Fri) _____

Pre-K classes (4yrs by September 30th)

5Days (Mon-Fri) _____

Add on schedules for Caterpillar, Butterfly and PreK enrolled children.

*Please indicate if you prefer 2,3- or 5-day schedule

Early Arrival (7:30 – 9:00) _____

Lunch Bunch (12:00-2:00) _____

Extended Day (7:30-5:30) _____

Please note this is not an enrollment form. You will receive a schedule agreement when a space is available for your child. Programs must have adequate enrollment to operate. No Registration Fee is due currently.

**** Up-to-date vaccinations are required for enrollment.****

