

ST. GEORGE'S KINDERGARTEN  
**2012-13 ADMISSIONS APPLICATION**

DEADLINE FOR LOTTERY - DECEMBER 15TH, 2011

**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

LEGACY

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

DATE OF BIRTH: \_\_\_\_\_ SEX:  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:**

**MOTHER'S INFO:**

name

name

maiden name

home address (if different from above)

home address (if different from above)

city

state

zip

telephone

city

state

zip

telephone

cell phone number

e-mail address

cell phone number

e-mail address

occupation & title

occupation & title

employer

employer

business/professional address

business/professional address

city

state

zip

telephone

city

state

zip

telephone

**PLEASE NOTE: IT IS THE PARENT'S RESPONSIBILITY TO KEEP THIS INFORMATION CURRENT.**

---

**CHILD LIVES WITH:**  MOTHER  FATHER  BOTH PARENTS

**DOES THIS CHILD HAVE ANY SPECIFIC PHYSICAL LIMITATIONS?**  YES  NO

**PLEASE ELABORATE:** \_\_\_\_\_  
\_\_\_\_\_

**DOES THIS CHILD HAVE ANY SPEECH PROBLEMS?**  YES  NO

**PLEASE ELABORATE:** \_\_\_\_\_  
\_\_\_\_\_

**DOES YOUR CHILD HAVE ANY KNOWN ALLERGIES TO FOOD, DRUGS, INSECTS, ANIMALS, ETC?**  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 2012/2013?**  YES  NO

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

**DID YOU OR YOUR SPOUSE ATTEND ST. GEORGE'S KINDERGARTEN?**  YES  NO

---

**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"/> FIVE YEAR OLDS	ATTENDS PROGRAM 5 DAYS A WEEK	CHILD TURNS FIVE YEARS OF AGE IN 2012	___ / ___ / ___
<input type="checkbox"/> FOUR YEAR OLDS	ATTENDS PROGRAM 5 DAYS A WEEK	CHILD TURNS FOUR YEARS OF AGE IN 2012	___ / ___ / ___
<input type="checkbox"/> THREE YEAR OLDS	ATTENDS PROGRAM 2, 3 OR 5 DAYS A WEEK*	CHILD TURNS THREE YEARS OF AGE BY SEPT. 30, 2012	___ / ___ / ___
<p>*PREFERRED DAYS OF ATTENDANCE - (Please rank 1 to 3, 1 being the most preferred and 3 being the least preferred.):</p> <p>_____ 2 DAY THREE YEAR OLDS - TUESDAYS &amp; THURSDAYS - 9 am to 2 pm</p> <p>_____ 3 DAY THREE YEAR OLDS - MONDAYS - 9 am to 12 pm, WEDNESDAYS &amp; FRIDAYS - 9 am to 2 pm</p> <p>_____ 5 DAY THREE YEAR OLDS - MONDAYS - 9 am to 12 pm, TUESDAYS thru FRIDAYS - 9 am to 2 pm</p> <p>*PLEASE NOTE - While we will make every effort to fulfill your request, class space is limited and your PREFERRED DAYS ARE NOT GUARANTEED.</p>			
<input type="checkbox"/> YOUNG THREE YEAR OLDS	ATTENDS PROGRAM 2 DAYS A WEEK	CHILD TURNS THREE YEARS OF AGE 10/1/12 THRU 12/31/12	___ / ___ / ___
<p>*PREFERRED DAYS OF ATTENDANCE - (Please check first preference.):</p> <p><input type="checkbox"/> YOUNG THREE YEAR OLDS - TUESDAYS &amp; THURSDAYS - 9 am to 2 pm</p> <p><input type="checkbox"/> YOUNG THREE YEAR OLDS - WEDNESDAYS &amp; FRIDAYS - 9 am to 2 pm</p> <p>*PLEASE NOTE - While we will make every effort to fulfill your request, class space is limited and your PREFERRED DAYS ARE NOT GUARANTEED.</p>			

**PLEASE RETURN THIS FORM WITH A NON-REFUNDABLE APPLICATION FEE OF \$50.00 PER CHILD.**

# ST. GEORGE'S EPISCOPAL CHURCH COMMUNICANT STATUS

*As you are aware, we have a policy set by the Board of Directors of the Kindergarten that gives communicants of St. George's Episcopal Church priority during the admission's process and a tuition discount. In order to ensure we are being faithful to this policy it is important that we attain information from you as it relates to your communicant status. If you have any questions or need clarification, please call Zee Pendleton or the Kindergarten Chaplain.*

---

## IS THE PARENT OF THE APPLICANT CURRENTLY A MEMBER OF ST. GEORGE'S EPISCOPAL CHURCH?

St. George's Episcopal Church communicants (members) who have demonstrated a steady commitment to the church of time, talent and resources for at least two years prior to application. This commitment would include church attendance, involvement in church activities, and programs, and stewardship. A communicant's eligibility will be reviewed annually, and in cases where other factors are equal, the longevity of an applicant's membership at St. George's church may be considered.

YES    NO

---

## IF SO, PLEASE COMPLETE THE FOLLOWING:

### 1. NAME UNDER WHICH MEMBERSHIP IS LISTED:

\_\_\_\_\_

2. YEAR YOU JOINED THE CHURCH: \_\_\_\_\_

### 3. PLEASE CHECK ALL THAT APPLY:

- PARENT OF APPLICANT HAS BEEN A CHURCH MEMBER 2 YEARS PRIOR TO APPLICATION.
- MEMBER REGULARLY ATTENDS CHURCH SERVICES.
- MEMBER REGULARLY ATTENDS SUNDAY SCHOOL/ADULT CHRISTIAN FORMATION CLASSES.
- MEMBER PARTICIPATES IN YEARLY STEWARDSHIP CAMPAIGN.
- MEMBER IS INVOLVED IN CHURCH COMMITTEES. (ie. Outreach, Christian Formation, Choir, Altar Guild, etc.)

PLEASE LIST: \_\_\_\_\_

- MEMBER VOLUNTEERS IN OUTREACH AND PARISH LIFE ACTIVITIES.  
(ie. Habitat, Room in the Inn, Church School Teacher, Harvest Dinner, etc.)

PLEASE LIST: \_\_\_\_\_

### 4. PLEASE FEEL FREE TO FURTHER EXPOUND UPON YOUR INVOLVEMENT IN ST. GEORGE'S EPISCOPAL CHURCH:

\_\_\_\_\_

\_\_\_\_\_

---

I HAVE READ AND UNDERSTAND WHAT IT MEANS TO BE AN ACTIVE COMMUNICANT (MEMBER) OF ST. GEORGE'S EPISCOPAL CHURCH.

SIGNATURE: \_\_\_\_\_

---