



Kindergarten Practice

August 20-31, 2018

STUDENT APPLICATION

Last Name

First Name

Child's Age as of Sept. 1, 2018: ____ yrs ____ mo

Birth Date: _____

Street Address: _____

City and State: _____ Zip Code: _____

Parent #1 should be the name of the parent who wishes to be the primary contact.

Parent #1 Full Name: _____

Best contact phone: _____

Email address: _____

Parent #2 Full Name: _____

Best contact phone: _____

Email address: _____

Submission of this application does not guarantee enrollment. A random lottery system will be used if more requests are made than spaces available in a class. Please indicate additional comments (e.g., allergies, behavioral needs, other special needs, etc.) below.

Behavioral Needs	
Allergies	
Special Needs	

Please check all that apply:

- ☐ My family is an active member** of St. Peter's Episcopal Church
☐ My child attends St. Peter's Church School
☐ My child attends St. Peter's Mother's Day out.

****NOTE:** Members of St. Peter's Episcopal Church are those who actively and regularly participate in God's mission and ministry at St. Peter's through regular participation in worship and the educational offerings of St. Peter's and who support St. Peter's through regular contributions on a written financial pledge.

Please return this completed form with your \$100 application fee (to be refunded if insufficient enrollment) by May 18, 2018. Please make check payable to St. Peter's Episcopal Church (ECP in memo)

St. Peter's Episcopal Church
 Attn: Ms. Beth Watt, Director
 St. Peter's Early Childhood Program
 P.O. Box 387
 Poolesville, MD 20837

Note: If your child does not enroll because there is no space available, your application fee will be refunded.

If there is any additional information you wish to provide us about your child please provide that here:
