



# Extended Day Program

(for those entering kindergarten in 2019)

2018-2019

## STUDENT REGISTRATION

\_\_\_\_\_  
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: \_\_\_\_\_

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 Mothers' Day Out  
☐ My child has a sibling enrolled in the Early Childhood Program

**\*\*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 deposit (to be refunded if insufficient enrollment) by June 7, 2018.

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:

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**FOR OFFICE USE ONLY**

Date Application Fee Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Date Acceptance Letter Sent: \_\_\_\_\_

Date Check Returned: \_\_\_\_\_