



ST. JAMES' PRESCHOOL

2018 – 2019 STUDENT APPLICATION

Child's Last Name	Child's First Name	Child's Middle Name

Child's Nickname: _____

Child's Age as of 9/30/18: _____ Birth Date: _____ Gender (circle one): **F** **M**

Street Address: _____

City and State: _____ Zip Code: _____

Subdivision (where applicable): _____ Home Phone: _____

Mother's Full Name: _____ Mother's Work #: _____

Father's Full Name: _____ Father's Work #: _____

Mother's Cell #: _____ Father's Cell #: _____

Mother's E-Mail Address: _____ Father's E-Mail Address: _____

Names of other siblings seeking enrollment: _____

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 your first and second choice below, and provide additional comments (e.g., allergies, behavioral issues, special needs, etc.) on the reverse.

	Age as of 9/30/2018	Requesting Extended Day: (Y/N)	If requesting Extended Day, which days per week?
First Choice Class			
Second Choice Class			

CONTINUE ON REVERSE

Please check all that apply:

_____ My family is an active member** of St. James' Episcopal Church

_____ My child attends St. James' Church School

_____ My family is an active member** of St. Gabriel's Episcopal Church

_____ My child is a returning student in 2018-2019
(If so, please provide name of previous year's 2017-2018 teacher: _____)

_____ My child has a sibling who is a returning student in 2018-2019

_____ My child has a sibling who will graduate from St. James' Preschool in 2018-2019

_____ My child has a sibling who is an alumna/alumnus of St. James' Preschool

****NOTE:** Members of St. James' Episcopal Church are those who actively and regularly participate in God's mission and ministry at St. James' through regular participation in worship and the educational offerings of St. James' and who support St. James' through regular contributions on a written final pledge. St. Gabriel's members: Please attach a letter from St. Gabriel's office for membership verification purposes with this application.

*I, (please print name) _____ and (sign) _____, hereby grant St. James' Preschool permission to photograph my child at St. James' Preschool, located at 14 Cornwall St., N.W., Leesburg, VA for the sole purpose of: the preschool's social media, brochures and classroom use for projects. See attached form for further details.

Please return this completed form with your **NON-REFUNDABLE \$100.00** application fee made payable to St. James' Preschool to:

Ms. Laura Heyer, Administrative Assistant
St. James' Preschool, 14 Cornwall Street, N.W., Leesburg, VA 20176

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

Is there any additional information you wish to provide us about your child (e.g., allergies, behavioral issues, special needs, etc.): If so, please provide that here:

FOR OFFICE USE ONLY

Date Application Fee Paid: _____ Check #: _____ Date Acceptance Letter Sent: _____

Date Check Returned: _____ Date Wait Listed: _____

Date Wait-List Letter Sent: _____