

ASCENSION EPISCOPAL KINDERGARTEN
Application for Enrollment 2018 - 2019

Child's Full Name: _____

Preferred Name: _____ Sex: Male () Female ()

Address: _____ ZIP: _____ Tel. # _____

Date of Birth: _____ Age: _____

Mother's Full Name: _____ Preferred Name: _____

Occupation: _____

Employer: _____ Tel. # _____

Mother's Cell Phone #: _____ Email Address: _____

Father's Full Name: _____ Preferred Name: _____

Occupation: _____

Employer: _____ Tel. # _____

Father's Cell Phone #: _____

Person(s) to call in an Emergency when parents cannot be reached:

_____ Tel. # _____

_____ Tel. # _____

Allergies, Health, Behavioral and/or Developmental Concerns: (Use back of sheet if necessary): _____

Child's Physician: _____ Tel. # _____

Child's Dentist: _____ Tel. # _____

Religious Preference: _____

Please indicate class by circling your choice:

Mon/Wed 2's
Tues/Thurs 2's

Thurs/Fri 2's
Mon/Tues/Wed 3's
Friday Enrichment 3's

5 Day 4's
5 Day 5's

FEES FOR THE 2018 - 2019 SCHOOL TERM

<u>Class</u>	<u>Registration Fee</u>	<u>Materials Fee</u>	<u>Monthly Tuition</u>
Friday Enrichment	\$ 00	\$ 40	\$ 40
2 Day 2's	\$130	\$ 80	\$160
3 Day 3's	\$130	\$100	\$180
5 Day 4's	\$130	\$150	\$225
5 Day 5's	\$155	\$170	\$225

PLEASE NOTE: ALL AEK STUDENTS - May 2019 Tuition Due May 4, 2018.

Parent's Signature: _____ Date: _____

Approved by Ascension Episcopal Kindergarten Board of Education.