

ASCENSION EPISCOPAL KINDERGARTEN  
Application for Enrollment 2020 - 2021

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 2s  
Tues/Thurs 2s

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

5 Day 4s  
5 Day 5s

**FEES FOR THE 2020 - 2021 SCHOOL TERM**

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

**PLEASE NOTE: ALL AEK STUDENTS - May 2021 Tuition Due May 4, 2020. All fees are non-refundable.**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Ascension Episcopal Kindergarten Board of Education.