

ASCENSION EPISCOPAL DAY SCHOOL

Waiting List Application

Child's Name _____

Date of Birth (or due date) _____ Sex _____

Hours and Days Needed _____

Date of Application _____ Anticipated Starting Date _____

Mother's Name _____

Father's Name _____

Address _____ Zip _____

Best Way to Reach You:

Email (please print legibly) _____

Cell Phone _____ (mother)

Cell Phone _____ (father)

How did you learn about our center? _____

Are you a member of our church? _____

*Does your child have any special health care or developmental needs?

***Ascension Episcopal Day School strives to include all children in our program. However, certain special needs may be beyond our capacities to provide high quality care to your child. By providing this information we can begin to assess our ability to successfully meet your child's needs.**

All families on the waitlist should have a backup plan in place in case you are unable to get into the School at the time of your desired start date.

Families on the waiting list MUST contact the School at least semi-annually to update their contact information or they may be removed from the waiting list.