ST. PETER'S NURSERY SCHOOL

2017 – 2018 STUDENT APPLICATION

_____

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

Child's Nick Name: _____

Child's Age as of 10/31/17: _____ **Birth Date:** _____ **Gender (circle one): F M**

Street Address: _____

City and State: _____ **Zip Code:** _____

Subdivision (where applicable for car pooling): _____

Home Phone: _____
Address if different from Child: _____

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 then spaces available in a class. Please indicate additional comments (e.g., allergies, behavioral needs, other special needs, etc.) below.

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 Church School**
     _____ **My child attends St. Peter's Mother's Day out.**

**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 NON-REFUNDABLE $50.00 application fee made payable to St. Peter's Episcopal Church (Nursery School in memo)

<div align="center">

St. Peter's Episcopal Church
Attn: Ms. Beth Watt, Director
St. Peter's Nursery School
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.)

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If there is any additional information you wish to provide us about your child 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: _____