



EPISCOPAL DAY SCHOOL

Holy Trinity Episcopal Parish · Clemson · SC
193 Old Greenville Highway · Clemson, South Carolina 29631 · (864) 654-0298

Application for 9AM-12PM classes:

Admission: _____

for School Year: 2017-2018

Re-admission: _____

Check One:

2-Day Two Year Old 2K _____

3-Day Two Year Old 2K _____

5-Day Two Year Old 2K _____

3-Day Three Year Old 3K _____

5-Day Three Year Old 3K _____

5-Day Four Year Old 4K _____

Optional 4K Extended
Academic Day 12-2PM

Please indicate here if you plan to enroll your child in Extended Care.

Days: M Tu W Th F

Time blocks: 7:30-8:45AM

12:00-2:00PM

2:00-5:30PM

Name of Child: _____

Sex: _____

Home Address: _____

Name Called: _____

Date of Birth: _____

month/day/year

Family Information:

Father's Name: _____

Home Address: _____

Place of Employment: _____

E-Mail: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Mother's Name: _____

Home Address: _____

Place of Employment: _____

E-Mail: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Siblings:

Name

Age

Name

Age

Church Affiliation: _____

Important medical information for staff to know: (allergies, speech impairment, eye weakness, hearing or physical limitations, etc.) _____

Has your child ever attended childcare, nursery school or preschool? _____

Name of school or type of childcare situation: _____

How long: _____

I apply for my child to attend the Episcopal Day School. A registration fee of \$80 is attached. An advance tuition deposit equal to the monthly tuition rate will be paid within 30 days of my child's acceptance. The policy for reimbursement of registration fees and advance tuition deposits is provided within the Parent Handbook. The advance tuition deposit will be credited toward Annual Tuition and is non-transferable. In addition, I understand that the monthly tuition for August is due at Orientation and thereafter is due by the 15th of each month; that the Day School accepts my child as being in normal good health; and that my child is or will be toilet trained upon beginning school in a 3K or 4K class. I also understand that my child must be two, three, or four on or before September 1st for the class for which I am applying; and that children must be at least two years old to participate in Extended Care.

Signature: _____ Date: _____

Make check payable to EPISCOPAL DAY SCHOOL and send with application to:
The Episcopal Day School ♦ 193 Old Greenville Highway ♦ Clemson, SC 29631