



# 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  Re-admission  for School Year: 2021-2022

Check one:

- 2-Day Two Year Old 2K   
3-Day Two Year Old 2K  3-Day Three Year Old 3K  3-Day Four Year Old 4K   
5-Day Two Year Old 2K  5-Day Three Year Old 3K  5-Day Four Year Old 4K

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

Days: Mon Tues Wed Thu Fri

Time blocks:  7:30-8:45AM  12:00-1:00PM  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?  YES  NO

Name of school or type of childcare situation: \_\_\_\_\_

How long: \_\_\_\_\_

How did you hear/learn about the Episcopal Day School? \_\_\_\_\_

I apply for my child to attend the Episcopal Day School. A registration fee of \$100 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 on the back of this application. The advance tuition deposit will be credited toward Annual Tuition and is non-transferable. In addition, I understand that the monthly tuition payments are due by the 15th of each month, beginning in August; 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 1<sup>st</sup> 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

## **Reimbursement Policy**

The **registration fee** is only refundable upon written request, if a child has not been offered acceptance to a class by September 1, 2020. The registration fee is not refundable for any other reason(s).

The **advance tuition deposit** is only refundable if the applicant is able to provide a written request with all the following items attached by June 30, 2021: (1) written validation of a job change, (2) proof of relocation over 30 miles from the Episcopal Day School.