



Waiting Pool Form

*A \$25.00 non-refundable application fee
(payable to St. Michael's Episcopal Day School)
must accompany this application.*

Today's Date: _____

Child's Name: _____ DOB: _____ Male Female

Mother's Name: _____ Father's Name: _____

Home Address: _____ City & State: _____ Zip: _____

Home Phone #: _____ Mobile Phone #: _____

E-Mail: _____

Father's Place of Business: _____ Phone: _____

Mother's Place of Business: _____ Phone: _____

Member of St. Michael's Church? Yes No Has this child ever been enrolled here? Yes No

Names and ages of other children *currently enrolled*
at St. Michael's Episcopal Day School

Names and ages of other children *applying to*
St. Michael's Episcopal Day School

St. Michael's Episcopal Church emphasizes developmentally appropriate and child centered classroom activities. Children must be three years of age by September 1st of the enrollment year to be eligible for enrollment in the program.

Children are placed on a wait list after completion of a wait list form and payment of the \$25.00 wait list fee. The wait list is divided into age group categories. When establishing classes for the next school year or filling mid-year vacancies, the primary goal of the preschool is the heterogeneous grouping of children by gender and age range. Priority of placement is given to children currently enrolled, siblings of children currently enrolled, active, giving members of St. Michael's Episcopal Church and former families.

Class placement is based on the wait list date, taking into consideration the child's learning style, gender balance, teacher's teaching style, sibling class placement and special circumstances. A place on the wait list does not guarantee placement in a class. The child will remain on the list until a class opening is offered. If an offer is made, a response must be received by the Day School within 24 hours. Declining the offered class will drop your child from the Wait List.

*St. Michael's Episcopal Church does not discriminate on the basis of age, sex, race, color,
religion, disability or national origin in its enrollment or employment practices.*

Parent Signature: _____ Date: _____

For Office Use

Application received Date:

Time:

Check #: