



APPLICATION FOR ENROLLMENT

Application for School Year: _____

A ministry of St. Stephen's Episcopal Church

Child's Name: _____ Nickname: _____

Address: _____ City: _____

Phone: _____ Cell: _____ Email: _____

Circle One: Male Female Age: _____ Date of Birth: _____

Parent's Names:

Father: _____ Occupation: _____

Business Phone: _____

Mother: _____ Occupation: _____

Business Phone: _____

Are you a member of St. Stephen's? _____ Other Church Affiliation: _____

Siblings who attend/have attended St. Stephen's Preschool:

Name: _____ Date: _____

Name: _____ Date: _____

Child's previous school experience (if any):

School: _____ Date: _____

Program applying for:

_____ 1-Day Toddler's Morning Out (12-18 months)

_____ 2-Day Toddler's Morning Out (18-22 months)

_____ 2-Day Toddler's Morning Out (22-26 months)

_____ 2-Day Toddler (26 months - 2 1/2 years)

_____ 3-Day Toddler (2 1/2 years)

_____ 4-Day (3 years)

_____ 5-Day (3 1/2 - 5 years)

Other schools you are applying to: _____

Parent's signature: _____ Date: _____

Please mail application and non-refundable application fee of \$25 to:

St. Stephen's Preschool
6000 Grove Avenue
Richmond, VA 23226

THANK YOU!