Date \_



Parent/Guardian Signature \_\_\_

## **APPLICATION FOR ENROLLMENT**

IN-HOUSE - SIBLINGS - ALUMNI

All applications will be processed on a first come, first served basis.

	Tuition Assistance	e requ	ests ar	e due w	ith app	licatio	n.	
STUDENT INFORMATION								
Child's Name			Sex/Pronoun(s)				Date of Birth	
Primary Language			Age as of September 1st (Year of Enrollment)					
Home Address			_ Town				Zip Code	
Siblings/Ages								
Any allergies, special nee	eds or health issues							
PARENT/GUARDIAN INFO	DRMATION							
Parent/Guardian			_ Parent/Guardian					
Relationship			_ Relationship					
Cell Phone				_ Cell Phone				
Email	mail _							
SELECT MORNING/MAIN	PROGRAM: NO MID WE	EEK ON	ILY					
	8:30 am-12:30 pm	М	т	w	тн	F	(Circle Each Request Day)	
Early Arrival:	8:00-8:30am	М	Т	w	тн	F	(Circle Each Request Day)	
Extended Days:	12:30-3:00pm	М	Т	W	тн	F	(Circle Each Request Day)	
	12:30-4:00pm	М	Т	w	TH	F	(Circle Each Request Day)	
A non-refundable \$3	55 registration fee is du	e with	the apı	olicatio	n, made	payal	ole to Evergreen Day School.	
	<u> </u>						on Advance, equal to one month's or program of September to June	

Evergreen Day School values a diverse community. We accept children and families of any legally recognized basis including but not limited to race, color, religion, gender, national origin, ancestry, sexual orientation, marital or veteran status, age, gender identity and expression, genetic information, mental or physical disability, or any other applicable state or federal protected category.