

APPLICATION FOR ENROLLMENT

WAIT LIST

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

Tuition Assistance requests are due with application

STUDENT INFORMATION	N N	e rec	quests ar	e aue w	itn app	iicatio	n.	
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 ne	eeds or health issues							
PARENT/GUARDIAN INF	FORMATION							
Parent/Guardian			_ Parent/Guardian					
Relationship			_ Relationship					
Cell Phone	_ Cell Phone							
Email	_ Email							
How did you hear abou	t EDS?							
Current EDS Family (Spe	cify name for referral crec	dit)						
Website Face	ebsite Facebook/Instagram			Other (Specify)				
SELECT MORNING/MAIN	N PROGRAM: NO MID WE	EEK (ONLY					
	8:30 am-12:30 pm	М	Т	W	TH	F	(Circle Each Request Day)	
Early Arrival:	8:00-8:30am	М	Т	W	TH	F	(Circle Each Request Day)	
Extended Days:	12:30-3:00pm	М	Т	W	TH	F	(Circle Each Request Day)	
	12:30-4:00pm	М	Т	w	TH	F	(Circle Each Request Day)	
Upon acceptance t	to Evergreen Day School, t	the b ince,	equal to	the reg	istration nth's tui	fee of tion, a	to Evergreen Day School. \$35 will be due along with a and a signed Parent Agreement b June).	
Parent/Guardian Signature						Date		

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.