



Christ Episcopal Church Day School
KENT ISLAND'S ORIGINAL PRESCHOOL

P.O. Box 141
830 Romancoke Road
Stevensville, Maryland 21666
410-643-8248

APPLICATION FOR ENROLLMENT FOR 2021-2022

Please print or type and return this form
along with the Non-Refundable Application Fee.

Date _____

Note: For 2021-2022, CECDS is only offering 3 days a week.

- This application is for: **Nursery** (3 years old) M W F 9:15-12:15
 Pre-Kindergarten (4 years old) **Morning** M W F 9:15-12:15
 Pre-Kindergarten (4 years old) **Full Day** M W F 9:15-3:15

Child's Full Name _____ Preferred Name: _____	
Child's Age: _____	Date of Birth: _____ <input type="checkbox"/> Boy <input type="checkbox"/> Girl
Home Address: _____	
City: _____	Zip _____
Father's Full Name: _____ Phone: _____	
Home Address: _____	
Email: _____	Occupation: _____
Employer: _____	Bus. Phone: _____
Mother's Full Name: _____ Phone: _____	
Home Address: _____	
Email: _____	Occupation: _____
Employer: _____	Bus. Phone: _____
Child's Previous School Experience (list most recent first, including present school):	
Year(s): _____	Grade(s): _____
Name of School: _____	City and State: _____

Why did you choose Christ Episcopal Church Day School for your child?

How did you hear about Christ Episcopal Church Day School?

We offer **Priority Registration** if: (Check all that apply)

- Child is a current student at CECDS.
- Child is the sibling of a current student of CECDS.
- Child's parent is a member of Christ Church Parish, Kent Island.
- Child has a parent or sibling who has attended CECDS in the past.

For a child to be considered for Priority Registration, we must receive his/her application, with applicable fee, before Priority Registration closes in early January.

Brothers and Sisters

Name	Birth date

HEALTH INFORMATION

In cooperation with the State Board and the Maryland State Medical Society, the Department of Health and Mental Hygiene require that children be up-to-date on their immunizations to attend school or childcare. To find out current immunization requirements, or if you have any questions about immunizations, please contact your child's Doctor.

Please be aware that children will not be allowed to attend school until we have received a complete and up-to-date immunization record signed by your child's physician.

1. Is there a history of Diabetes, Rheumatic Fever, Epilepsy, Allergy, or any physical impairment (glasses, hearing aid, etc.) that may necessitate your child being given special attention?
 Yes No

 2. Does your child have any other special needs? Does your child have an IEP?
 Yes No
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Christ Episcopal Church Day School admits students of any race, religion, or national or ethnic origin and does not discriminate in the administration of its educational policies, admission policies, or other school-administered programs.

Signed:

Parent/Guardian Signature

Print Name