



## 2025-2026 APPLICATION FOR ENROLLMENT

(Please list all information as you would like it to appear on the class list)

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_

Birth Date \_\_\_\_\_ E-mail Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ Mom's Cell \_\_\_\_\_ Dad's Cell \_\_\_\_\_

My child is currently enrolled in The Episcopal Preschool (EPS). Yes No

My child is a sibling of a child currently enrolled in EPS. Yes No

One of my children has previously attended The Episcopal Preschool. Yes No

I am (or my spouse is) a member of The Church of the Holy Spirit. Yes No

**Please indicate the program you are applying for below.** If the class in which you are interested is filled, you will be added to a waiting list with no fee.

The Twos Program

T/TH \_\_\_\_\_

2 yrs before Sept. 1, 2025.

The Threes Program

M/W/F \_\_\_\_\_

3 yrs before Sept. 1, 2025.

Pre-K Program

M - F \_\_\_\_\_

4 yrs before Sept. 1, 2025.

**Registration Fee and Refund Policy:** A registration fee of TWO HUNDRED FIFTY DOLLARS (\$250.00) is due with this application. Please make the check payable to "The Episcopal Preschool." This registration fee holds a place for your child, if there is room. The registration fee will be returned if there is no room for your child. **If accepted, the registration fee is not refundable.**

Please read The Episcopal Preschool registration fee and refund policy above carefully before signing this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_