



St. Timothy's Episcopal CDC

APPLICATION FOR ADMISSION

Family Name _____ Mother _____ Father _____
 Address _____ Telephone No. _____
 City _____ State _____ Zip Code _____

Children for whom placement is required:

Name	Nickname	Birthdate
1. _____	_____	_____
2. _____	_____	_____

Mother's Employer _____
 Address _____ City _____ State _____
 Telephone No. _____ Work Hours _____ Zip Code _____

Father's Employer _____
 Address _____ City _____ State _____
 Telephone No. _____ Work Hours _____ Zip Code _____

In an emergency contact:

Name _____ Telephone No. _____
 Relationship _____ Address _____
 City _____ State _____ Zip Code _____
 Personal Physician _____ Telephone No. _____

Name of person(s) authorized to take children from school. Child will not be allowed to leave with any other person without written authorization from the responsible parent / guardian.

Name _____	Relationship _____
Name _____	Relationship _____
Time of Arrival _____	Time of Departure _____

Children must be at school by 9:30 a.m.

NOTE: A \$50.00 registration fee is required with application. **NO REFUNDS.**

Signature of Parent or Guardian

Date



Rev. 11/2018