

Covenant Presbyterian Weekday School

3131 Walton Way at Aumond Road Augusta, GA 30909 (706) 733-8102 wds@covenantaugusta.org

Application for Admission 2012-13

Date: _____ Birth Date: ____/____/____
Age as of Sept. 1, 2012: ____ years ____ mo. old

Student's Name: _____ Sex _____
Last First Middle Name to be called

Mother's Name: _____ Address _____

City _____ State _____ Zip Code _____ Home Phone _____

Occupation _____ Name of employer/company _____

Bus. Phone _____ Cell Phone _____ E-mail address _____

Father's Name: _____ Address _____

City _____ State _____ Zip Code _____ Home Phone _____

Occupation _____ Name of employer/company _____

Bus. Phone _____ Cell Phone _____ E-mail address _____

Student lives with: Both parents _____ Mother _____ Father _____ Other (please specify) _____

Additional emergency contact:

Name, phone # & relationship _____

Person(s) authorized to pick up your child besides yourself & spouse:

Name	Phone	Relationship
------	-------	--------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

Class applying for:

(circle class and days)

Kindergarten

All five days (only)

PK-4

Tues., Wed., Thurs., or all 5 days

PK-3

Tues. /Thurs., Tues., Wed., Thurs., or all 5 days

Big Tots (must be 2 yrs old before 9/1)

Choose up to five –Mon., Tues., Wed., Thurs., and/or Fri.

Tiny Tots (must be 11 - 24 mo. before 9/1)

Choose up to two –Tues., Wed., Thurs., and/or Fri.

Babies (must be at least 3 mo. old before 9/1)

Choose up to two –Tues., Wed., Thurs., and/or Fri.

For Office use only:

Starting Date _____ Amount paid _____ Check # _____ Cash _____ Registration fee _____ Tuition _____ Discount applied _____

Student's Health History:

Physician or Pediatrician _____ Date of last physical exam (mo/yr) _____

Are all immunizations up to date? Yes ___ No ___ (Please turn in Certificate of Immunization form #3231)

Is your child adopted? ___ If yes, has this been explained? ___

Does your child have allergies ___ If yes, what are they and how severe? _____

Does your child wear glasses, hearing aids, or use motor aids? _____

To best serve your child, we must know of any health problems, hyperactivity disorder, emotional problems, autism, or special needs? If any of these apply, please elaborate:

General information

List other children in your family:

_____ Age _____ School (if any) _____

_____ Age _____ School (if any) _____

_____ Age _____ School (if any) _____

_____ Age _____ School (if any) _____

How did you learn about Covenant Weekday School? _____

Please share with us your place of worship: _____

Please list other preschools/daycares your child has or will attend: _____ Dates: _____

Advertising:

I hereby give permission for Covenant Presbyterian Weekday School to use my child's picture in advertisements and/or brochures for the school. Yes ___ No ___

Parent signature _____ Date _____

Kindergarten & PK-4 only:

I hereby give permission for my child to participate in all school-planned field trips. Yes ___ No ___

Parent signature _____ Date _____

For applicants received by Sept. 9th:

I hereby give permission for my child to be listed in the school directory. Yes ___ No ___

Parent signature _____ Date _____

*Please note that directories are for school families and staff only and are not to be shared or sold to outside sources. Information within the directory includes: child's name, parent's name(s), address, home phone #, & one e-mail contact. We will use information on the front of this application form for the directory. In cases of divorce, parents will be listed separately based on the information you give us on this document.

Students are admitted based on classroom space availability, without regard to race, religion, and national or ethnic origin. ***All information on this application has been answered honestly, fully, and to the best of my knowledge.***

Parent signature _____ Date _____