



covenant

DAY SCHOOL

Waiting List

Child's Name _____

Name Called _____

Gender: Male Female Date of Birth ___ / ___ / ___

Parent(s) Names _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Cell Phone _____

Email _____

- Please check:**
- Covenant Member
 - Non-Covenant Member
 - Sibling enrolled in program

Please Number in order of Preference:

Child must be grade level age by September 1 of enrollment year.

- Two's Preschool 2 Day • Wed/Fri
- Two's Preschool 3 Day • Mon/Wed/Fri
- Three's Preschool 3 Day • Mon/Wed/Fri
- Four's Preschool 3 Day • Mon/Wed/Fri
- Four's Preschool 4 Day • Mon/Tues/Wed/Fri
- Kindergarten 5 Days • Monday through Friday

Non-refundable Registration Fee. I understand that the Registration Fee for Covenant Day School will **not** be refunded for any reason whatsoever. I am agreeing to enroll my child in this program and agree to the non-refundable fee.

Parent Signature _____