



# 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 \_\_\_\_\_



## FOR OFFICE USE ONLY

**Date Received:**

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**Wait List Fee Received:**

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**Amount: \$** \_\_\_\_\_

**Check Number:** \_\_\_\_\_

**Received by:**

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**Contact Notes:**

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