



Application for Enrollment

Child's Name: _____
Last First Middle Preferred Name

Age: _____ Date of Birth: ____/____/____ Gender: Female Male

Home Address: _____

Home Telephone Number: (____) _____ - _____

Special physical, emotional, or developmental needs:

Past preschool or day care experiences including attendance dates:

Siblings' Names and Ages:

Mother's Name: _____
 Address (if different): _____

Telephone Number: (____) _____ - _____

Father's Name: _____
 Address (if different): _____

Telephone Number: (____) _____ - _____

Primary E-Mail Address: _____

Are you an active member of Church of the Holy Communion? _____

Is your child partially or completely toilet trained? _____

I do hereby apply for admission for my child into Holy Communion Day School and agree to abide by the policies and procedures therein.

Signature of parent or guardian: _____

Date of application: _____

Please indicate the program for which you are applying.

Three Days (TWTh)
 Half Day (8:45-12:15)

Three Days (MWF)
 Half Day (8:45-12:15)

Four Days (MTThF)
 Half Day (8:45-12:15)

Five Days (MTWThF)
 Half Day (8:45-12:15)

Please indicate the term or term for which you are applying.

Fall (Year _____)

Spring (Year _____)

Please return this form with \$25 to the Day School at

Holy Communion Day School
 218 Ashley Avenue
 Charleston, SC 29403

843-722-2024
 DaySchool@holycomm.org

Holy Communion Day School is a co-educational school and does not discriminate on the basis of race, religion, national, or ethnic origin in the administration of its admission or educational policies.