



ST. JAMES' PRESCHOOL

2020-2021 STUDENT APPLICATION

Child's Last Name	Child's First Name	Child's Middle Name

Child's Nickname: _____

Child's Age as of 9/30/20: _____ Birth Date: _____ Gender (circle one): F M

Street Address: _____

City and State: _____ Zip Code: _____

Subdivision (where applicable): _____ Home Phone: _____

Mother's Full Name: _____ Mother's Work #: _____

Father's Full Name: _____ Father's Work #: _____

Mother's Cell #: _____ Father's Cell #: _____

Mother's Email Address: _____ Father's Email Address: _____

Names of other siblings seeking enrollment: _____

*****Submission of this application does not guarantee enrollment. A random Lottery system will be used if more requests are made than spaces available in a class. Please indicate your first and second choice below, and provide additional comments (e.g., allergies, behavioral issues, special needs, etc.) on the reverse.*****

	Age as of 9/30/2020	Requesting Extended Day: (Yes/No)	If requesting Extended Day, which day(s) per week?
First Choice Class			
Second Choice Class			

CONTINUE ON REVERSE

Recipient of the Loudoun Now 2016 award for 'Favorite Childcare Center/Preschool'

Please check all that apply:

- My family is an active member* of St. James' Episcopal Church
- My child attends St. James' Church School
- My family is an active member* of St. Gabriel's Episcopal Church
- My child is a returning student in 2020-2021
(If so, please provide name of previous year's 2019-2020 teacher: _____)
- My child has a sibling who is a returning student in 2020-2021
- My child has a sibling who will graduate from St. James' Preschool in 2020-2021
- My child has a sibling who is an alumna/alumnus of St. James' Preschool

***NOTE:** Members of St. James' Episcopal Church are those who actively and regularly participate in God's mission and ministry at St. James' through regular participation in worship and the educational offerings of St. James' and who support St. James' through regular contributions on a written financial pledge. St. Gabriel's members: Please attach a letter from St. Gabriel's office for membership verification purposes with this application.

****I,** (please print name) _____ and (sign) _____, hereby grant St. James' Preschool permission to photograph my child at St. James' Preschool, located at 14 Cornwall St., N.W., Leesburg, VA for the sole purpose of: the preschool's social media, brochures and classroom use for projects.

Please return this completed form with your **NON-REFUNDABLE \$100.00** application fee made payable to St. James' Preschool to:

Ms. Laura Heyer, Administrative Assistant
St. James' Preschool, 14 Cornwall Street, N.W., Leesburg, VA 20176

(Note: If your child does not enroll because there is no space available, your application fee will be refunded.)

*****Is there any additional information you wish to provide us about your child (e.g., allergies, behavioral issues, special needs, etc.): If so, please provide that here: *****

FOR OFFICE USE ONLY

Date Application Fee Paid: _____ Check #: _____ Date Acceptance Letter Sent: _____

Date Check Returned: _____ Date Wait Listed: _____

Date Wait List Letter Sent: _____