

**OAKLAND DAY SCHOOL
APPLICATION FOR ADMISSION
1067 Oakland Avenue
Rock Hill, SC 29732
(803) 327-4400**

PLEASE PRINT

Child's Name _____ Nickname _____

Date of Birth _____ Sex _____

Age of Your Child as of 9/1/09 _____ Years _____ Months

Classroom Choice: (Please make 1st and 2nd Choice)

M/W Ones _____

T/Th Ones _____

M/W Twos _____

T/Th Twos _____

M/W/F Twos _____

T/Th Threes _____

M/W/F Threes _____

Mon – Fri Threes _____

T/W/Th Fours _____

Mon – Th. Fours _____

Mon – Fri. Fours _____

Parent(s) or Guardian:

Mother's Name _____ Occupation _____

Father's Name _____ Occupation _____

Home Phone Number _____

Address _____

E-Mail Address _____

Cell Numbers :

Mom _____

Dad _____

Emergency Contact Person/Phone Number

May we include your home phone number, address, and e-mail in our directory?

If new to our program, how did you hear about us? _____

Religious Affiliation/ Church presently attending: _____

Has your child ever participated in a preschool program? If so, when and where?

Please list any allergies your child has: _____

Please list any medications your child takes on a regular basis:

Is your child toilet trained? (Three and four year olds must be potty trained).

Name of Child's Doctor _____

Doctor's Phone Number _____

Please Read:

Registration fees are non-refundable. Materials are refundable ONLY if a student withdraws BEFORE school begins. ALL fees are non-refundable once school begins.

Parent/Guardian Signature

Date

THE \$55.00 NON-REFUNDABLE APPLICATION FEE MUST ACCOMPANY THIS FORM ALONG WITH THE MATERIAL FEE. YOUR CHILD MUST BE 15 MONTHS, 2, 3, OR 4 YEARS OLD BY SEPT. 1ST IN ORDER TO ENROLL IN HIS/HER PROSPECTIVE CLASS.

AMOUNT PAID _____

DATE _____