



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 or allergies: _____

Please indicate the program for which you are applying.

____ **Four Days (M - Th)**
Half Day (8:45-12:15)

____ **Five Days (M - F)**
Half Day (8:45-12:15)

Please indicate all of the terms for which you are applying.

____ **Fall (Year 2022-2023, 2023-2024, 2024-2025) Sept.-Dec.**
____ **Spring (Year 2022-2023, 2023-2024, 2024-2025) Jan.-May**

Please return this form with \$50 to the Day School at:

Holy Communion Day School
218 Ashley Avenue
Charleston, SC 29403

843-722-2024
DaySchool@holycomm.org

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: _____

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.

Revised: 02/2022