

**Ascension Episcopal Day School**  
Wait List Application – Please Print Legibly

Child's Name \_\_\_\_\_

Date of Birth (or due date) \_\_\_\_\_ Sex \_\_\_\_\_

Hours and Days Needed \_\_\_\_\_

Date of Application \_\_\_\_\_ Anticipated Starting Date \_\_\_\_\_

Parent/Guardian #1 \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

How did you learn about our center? \_\_\_\_\_

Are you a member of our church? \_\_\_\_\_

\*Does your child have any special health care or developmental needs? \_\_\_\_\_

\_\_\_\_\_

**\*Ascension Episcopal Day School strives to include all children in our program. However, certain special needs may be beyond our capacities to provide high quality care to your child. By providing this information we can begin to assess our ability to successfully meet your child's needs.**

**All families on the waitlist should have a backup plan in place in case you are unable to get into the School at the time of your desired start date.**

***Families on the wait list MUST contact the School at least semi-annually to update their contact information or they may be removed from the wait list.***