

REVEILLE WEEKDAY SCHOOL
APPLICATION FOR ENROLLMENT
SCHOOL YEAR 20__ - 20__

Name of Child _____ Birth Date _____ Sex _____

Child's Preferred Name _____ Age on Sept. 1, 20__ Yrs. ___ Mos. ___

Address _____ Zip _____ Telephone _____

Email Address _____

Parent's Name _____ Occupation _____

Business Address _____ Telephone _____

Parent's Name _____ Occupation _____

Business Address _____ Telephone _____

Names of siblings currently enrolled in Reveille Weekday School: _____

How did you hear about us? _____

Your church membership _____

Parents Marital Status: Married ___ Separated ___ Divorced ___ Widowed ___ Single ___

Program requested for your child:

TODDLER CLASSES (check one): ___ Two-day (12 mo. by 9/1)
 ___ Three-day (12-30 mo. on 9/1)

PRE-SCHOOL CLASSES (check one): ___ Three-day (2 ½ by 9/1)
 ___ Four-day (2 ½ to 4 by 9/1)
 ___ Five-day (3, 4 & 5 by 9/1)

List similar programs child has attended _____

This is an application and in no way assures enrollment in Reveille Weekday School. A non-refundable application fee of **\$25.00** must accompany this form. Mail to 4200 Cary St. Road, Richmond, VA 23221.

For office use only:

 Date of Receipt Initial Contract Issue Date Initial

 Date of Termination Reason for Termination Initial