



# Eastminster Day School 2024-2025 Waitlist Application

*This application is good until February of the next year from the date submitted. It is the family's responsibility to update the application each year to keep their status on the waitlist. All information is required. Omitting information forfeits the application.*

Child's name:	Due date or birthday:
Preferred name:	Male                  Female
Street address:	
City, State:	Zip Code:
Mother's name:	Cell phone:
Employer:	Work phone:
Mother's email:	
Father's name:	Cell phone:
Employer:	Work phone:
Father's email:	
Covenant Family:    yes                  no	EPC member:    yes                  no
Siblings currently enrolled:    yes                  no	Names of siblings:

Please check the Program(s) Desired:

\_\_\_\_ Part Time (9am to 12pm with extended care optional; August to May)

\_\_\_\_ Full Time (8AM-5:30PM)    \_\_\_\_ Infant    \_\_\_\_ Toddler    \_\_\_\_ Twos    \_\_\_\_ Threes    \_\_\_\_ Fours

\_\_\_\_ School Age If you are looking for School Age, what elementary school will your child be attending? \_\_\_\_\_

I am interested in Early Morning Care (7:30 AM- 8:00 AM)    \_\_\_\_ Yes    \_\_\_\_ No

I am interested in Extended Care (Part Time only from 12:00 PM to 5:30 PM)    \_\_\_\_ Yes    \_\_\_\_ No

**Office Use Only:**

Date received: \_\_\_\_\_ Time received: \_\_\_\_\_ Office staff initials: \_\_\_\_\_