

1701 North Quaker Lane  
Alexandria, VA. 22302  
703-998-8795

**For Office Use Only**

Date Rec'd \_\_\_\_\_  
( ) App. Fee pd. CK# \_\_\_\_\_  
( ) Reg. Fee pd. CK# \_\_\_\_\_  
( ) Tuition Deposit CK# \_\_\_\_\_

**Saint Clement Episcopal School  
Application for 2021-2022**

*Saint Clement Episcopal School welcomes all families and does not discriminate on the basis of race, color, religion, gender, national origin or disability.*

*~~Please Print and Complete Both Pages~~  
Incomplete applications will not be accepted*

**Child's Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_ **M or F**  
LAST FIRST MIDDLE

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age as of Sept. 30, 2021:** \_\_\_\_ (yrs.) \_\_\_\_ (mos.)  
MONTH DAY YEAR

**Address:** \_\_\_\_\_  
STREET CITY ZIP CODE

**PARENTS OR GUARDIANS:** Child lives with: ( ) Mother ( ) Father ( ) Both

**Parent:** \_\_\_\_\_  
LAST FIRST OCCUPATION /EMPLOYER  
E-MAIL WORK PHONE CELLPHONE

**Parent:** \_\_\_\_\_  
LAST FIRST OCCUPATION/EMPLOYER  
E-MAIL WORK PHONE CELL PHONE

Other persons living in the home, including siblings and live-in childcare providers. Please provide names and relationship to your child:

\_\_\_\_\_  
\_\_\_\_\_

**T-shirt Size:** Youth: Circle One 2 3 4 5 6 7 8

**Child's Status:** Returning Student Sibling of Current Student New Applicant St. Clement Parishioner

**Please Circle Preferred Program:** Half-Day (8-12:45) Partial Day (8-3) Full Day (8-6)

**ALLERGIES** to food, medication, and/or materials?

\_\_\_\_\_  
If so, potential reaction: \_\_\_\_\_

We are a peanut free school!

**Please List All Previous Child Care Providers, Programs, Schools:**

\_\_\_\_\_ Dates: \_\_\_\_\_

\_\_\_\_\_ Dates: \_\_\_\_\_

**Primary Language Spoken At Home:** \_\_\_\_\_

**Other Languages Spoken By In-Home Caregivers:** \_\_\_\_\_

**Does your child have any special needs?** YES NO This information is used for placement purposes only and does not affect admission. If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does your child receive any support services?** YES NO This information is used for placement purposes only and does not affect placement. If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Distribution of Address:** I hereby give my permission for distribution of my address and phone number to any other parent of a child enrolled in this school.

(Addresses will not be given out for any commercial purposes.) *Parent initials* \_\_\_\_\_

**I have read this form and acknowledge that the information I have provided is complete and correct. I will notify Saint Clement Episcopal School promptly of any changes in the above information.**

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

### Fee Schedule 2021-22

<b>New student</b>		<b>Returning student</b>	
Application fee for new student:	\$50.00	Application fee:	waived
Registration fee new student:	\$75.00	Registration fee:	\$25.00
Activity fee			\$275.00
8:00 a.m. to 12:45 p.m.			\$840.00
8:00 a.m. to 3:00 p.m.			\$1,245.00
8:00 a.m. to 6:00 p.m.			\$1,450.00

**(Parishioners and siblings attending ¾ or full day receive a 10% discount)**