

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 2022-2023

New student		Returning student	
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.			\$850.00
8:00 a.m. to 3:00 p.m.			\$1,260.00
8:00 a.m. to 4:00 p.m.			\$1,320.00
8:00 a.m. to 5:30 p.m.			\$1,475.00

Please note dismissal times are subject to potential change based on COVID Protocol

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