

For office use: Date Received application fee: Check number: Date Received placement fee: Check number:
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Application for Admission

CHILD INFORMATION

_____	_____	_____	_____
Last	First	Middle	Preferred Name

Male () Female () Month/Year of Desired Entrance _____

Address _____ City/State/Zip _____

Date Due ___ / ___ / ___ Date of Birth ___ / ___ / ___ Age _____

Religious Affiliation _____ Name of Parish/Congregation _____

Applying to (check one):

- ___ 6 weeks to 12 months
- ___ 12 months to 24 months
- ___ 2-3 years
- ___ 3-4 years
- ___ BIG Kids (elementary)

Please circle enrollment preference: Full-Time 3-days a week 2-days a week BIG Kids

FAMILY INFORMATION

Parent 1

Name _____ Home Telephone () _____

Address _____ City/State/Zip _____

Employer _____ Job Title _____

Work Phone () _____ Cell Phone () _____

Parent 2

Name _____ Home Telephone () _____

Address _____ City/State/Zip _____

Employer _____ Job Title _____

Work Phone () _____ Cell Phone () _____

Parent E-mail Address: (for school notices) _____

Student lives with: Both Parents Mother Father Stepmother Stepfather
 Other (please specify relationship) _____

- 1) Are other children in your family applying to The Early Childhood Program?
Yes () No ()
If yes, please list their names and ages _____
- 2) Do other children in your family currently attend The Early Childhood Program?
Yes () No ()
If yes, please list their names and ages _____
- 3) Names of any relatives who attend or have attended The Early Childhood Program:
Name: _____ Relationship to applicant _____
Name: _____ Relationship to applicant _____
- 4) Who is financially responsible for tuition and fee payment? _____
- 5) How did you learn about The Early Childhood Program?
 Website TV/Radio Advertisement Print Advertisement Friend/Family/Co-worker
 Other: _____

ADMISSION PRIORITIES

The Early Childhood Education Program welcomes students of all races, colors, national or ethnic origins and economic backgrounds. The school does not discriminate based on sex, race, color, cultural background, or financial status.

Because The Early Childhood Education Program does value the family feel traditionally associated **with** its program, parishioners and siblings will be considered favorably for placement in the limited number of spaces available in this program.

Parent Signature (required on all applications) _____/_____/_____
Month Day Year

Please send completed application and the application filing fee of \$50 to:

The Early Childhood Education Program
Trinity Episcopal Cathedral
310 W. 17th Street
Little Rock, AR 72206

Phone: (501) 588-3659 Fax: (501) 372-0416 E-Mail: ecep@trinitylittlerock.org

**Upon notification of placement in The ECEP, payment of a non-refundable \$125 Placement Fee will be required.*

*A space is not guaranteed until both the **Application Fee** and the **Placement Fee** have been received.*

All admission flies are the property of The Early Childhood Education Program at Trinity Cathedral. Applications will be kept active for a year.