



# All Saints Preschool

ALL SAINTS EPISCOPAL CHURCH

8787 River Road | Richmond, Virginia 23229 | 804.288.7861

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
(last) (first) (middle)

Name Preferred: \_\_\_\_\_

Age as of September 30, 2010: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Class Requested (*check one*):

Pre-K M-F  Pre-K M-Th  Threes M-F  Threes M-W  Twos M-W  Twos Th-F  Toddler Th

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Address (*if different than above*): \_\_\_\_\_

Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Address (*if different than above*): \_\_\_\_\_

Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Siblings Names and Dates of Birth: \_\_\_\_\_

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

Member of All Saints Episcopal Church? (*check one*)  Yes  No

## OFFICE USE ONLY

New Student  Returning Student

\$50 NON-REFUNDABLE FEE WITH APPLICATION (*for new students only*)

Date Received: \_\_\_\_\_