

# Pejepscot Day School

690 River Rd  
Topsham, ME 04086

(207) 725-1229

APPLICATION FOR ENROLLMENT www.pejepscotdayschool.com

## Fall 2020

\*Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ zip \_\_\_\_\_

Phone \_\_\_\_\_ email: \_\_\_\_\_

Mother or Guardian \_\_\_\_\_ home phone† \_\_\_\_\_

Address† \_\_\_\_\_ zip† \_\_\_\_\_

Work phone \_\_\_\_\_ \*Email: \_\_\_\_\_

Father or Guardian \_\_\_\_\_ home phone† \_\_\_\_\_

Address† \_\_\_\_\_ zip† \_\_\_\_\_

Work phone \_\_\_\_\_ \*Email: \_\_\_\_\_

\*Please explain any special expectations you may have for the school program.

\*Please explain any special expectations you may have for your child.

\*I have read and understand the Enrollment Cost Schedule on the reverse of this form. I have retained the attached copy of the cost schedule for my records:

(signed) \_\_\_\_\_

\*Date of application \_\_\_\_\_ Deposit (see back of this sheet) Amount Enclosed \_\_\_\_\_

(\$25 Application Fee) Amount Enclosed \_\_\_\_\_

Circle please:

Day School Program: MWF (am) TTh (am) MTWThF (am)

Before & After School Program: 2-3 Days 4-5 Days

\*Currently enrolled children only need the marked items (\*) completed.

† If different from child's.

For office use.

Date Rec'd	Amt	Ca / Ck#	Enrolled	Waiting	Ent / Init.