



Covenant Day School Enrollment Waiting List

Office Use Only	
<input type="checkbox"/> Wait List	<input type="checkbox"/> Date _____
<input type="checkbox"/> Fee Paid	Check No. _____
Rec'd _____	

Child's Name: _____

Child's Date of Birth: _____

Parents' Names: _____

Address: _____

Zip: _____ Telephone: (____) _____ home

Please number in order of preference.

- Two's Preschool 2 Day • Wed./Fri.
- Three's Preschool 3 day • Mon./Wed./Fri.
- Four's Preschool 3 day • Mon./Wed./Fri.
- Four's Preschool 4 day • Mon./Tues./Wed./Fri.
- Kindergarten 5 days

Please check one: Covenant Member
 Non-Covenant Member

I understand that the Registration Fee for Covenant Day School will not be refunded for any reason whatsoever. I am agreeing to enroll my child in this program and agree to the non-refundable fee.

Parent's Signature _____

**Please complete card and mail with \$25 fee to:*

*Covenant Day School
65 Old Montgomery Hwy
Birmingham, AL 35209*