



Christ Methodist

DAY SCHOOL
Early Education Program

APPLICATION

Date Visited _____

Preferred Enrollment _____

Application Fee paid (date) _____

Child's Name _____

Birth Date/Due date _____ Gender (if known) _____

Address _____

Mother's Name _____

Email _____

Work # _____ Cell # _____

Father's Name _____

Email _____

Work # _____ Cell # _____

Child lives with: Both Mother Father Other _____

Church Membership _____

*Letter of active membership (for at least one year) to CUMC is needed

Sibling in CMDS or EEP _____

I have read and understand the following:

- This form and non-refundable fee of \$50 are to submit an application for my child to Christ Methodist Day School's Early Education Program. It does not guarantee enrollment. More enrollment details can be found at cmdsmemphis.org/eep.
- Priority admission is given to siblings enrolled in CMDS and/or EEP and to CUMC members. All others are admitted by date on which this form is signed.
- It is my responsibility to inform EEP of any changes in address, sibling status, church membership or other pertinent information.
- I understand that if I refuse an available opening, I will not be called again within one year, as long as a waiting pool still exists for my child's age group.
- CMDS EEP reserves the right to gender-balance enrollment.

Parent's Signature _____ Date _____