



Half Day Program

Union Day School  
WAITING LIST APPLICATION  
HALF DAY PROGRAM

7582 Woodrow Street, Irmo, SC 29063

803-781-0630

License Number 16,941



Full Day Program

DATE TO START SCHOOL: \_\_\_\_\_

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

Please indicate which class you are planning to place your child. Please note that we are required to follow the South Carolina age cutoff date of September 1.

Ages 1-2    \_\_\_\_\_ Mon./Wed./Fri.    \_\_\_\_\_ Tues/Thurs.    \_\_\_\_\_ Mon.-Fri.

Ages 1-2    \_\_\_\_\_ Mon./Wed./Fri.    \_\_\_\_\_ Tues/Thurs.    \_\_\_\_\_ Mon.-Fri.

Ages 2-3    \_\_\_\_\_ Mon./Wed./Fri.    \_\_\_\_\_ Tues/Thurs.    \_\_\_\_\_ Mon.-Fri.

Age 3    \_\_\_\_\_ Mon./Wed./Fri.    \_\_\_\_\_ Tues/Thurs.    \_\_\_\_\_ Mon.-Fri.

Age 4    \_\_\_\_\_ Mon./Wed./Fri.    \_\_\_\_\_ Tues/Thurs.    \_\_\_\_\_ Mon.-Fri.

Age 5    \_\_\_\_\_ Mon.-Fri.

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

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

This application is valid for 1 year from today's date. This application does not guarantee a spot. Please remain in touch by email to let us know of your continued interest. Follow up:

\_\_\_\_\_  
\_\_\_\_\_  
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Office Use Only:

Waiting List fee: \$50.00 \_\_\_\_\_ (non-refundable)

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

Sibling priority: \_\_\_\_\_

Check #: \_\_\_\_\_ Cash: \_\_\_\_\_



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Infants \_\_\_\_\_

Age 1 \_\_\_\_\_

Age 2 \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

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

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Infants \_\_\_\_\_ Age 1 \_\_\_\_\_ Age 2 \_\_\_\_\_ Age 3 \_\_\_\_\_ Age 4 \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

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