



Union Day School
 WAITING LIST APPLICATION
FULL DAY PROGRAM



7582 Woodrow Street, Irmo, SC 29063 803-781-0630
 License Number 16,941

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.

Infants ____ Age 1 ____ Age 2 ____ Age 3 ____ (must be the corresponding age by Sept. 1st)

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 at Helen@UnionIrmo.org to let us know of your continued interest.

Office Use Only:

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

Date paid: _____

Sibling priority: _____

Check #: _____

Cash: _____