



## Application for Admission New Student

*School Year 2021 – 2022*

<b>STUDENT</b>	<p><b>Name of Student:</b> _____ <b>Date of Application:</b> _____</p> <p style="text-align: center; font-size: small;">First Last MM/DD/YYYY</p> <p><b>Date of Birth:</b> _____ <b>Age:</b> _____ <b>Gender:</b> _____</p> <p style="text-align: center; font-size: small;">MM/DD/YYYY Year Month</p> <p><b>Student's Address:</b> _____</p> <p style="text-align: center; font-size: small;">Street</p> <p>_____</p> <p style="text-align: center; font-size: small;">City State Zip Code</p> <p><b>Home Phone:</b> _____ <b>E-mail Address:</b> _____</p>
<b>PARENTS</b>	<p><b>Mother:</b> _____ <b>Cell Phone:</b> _____</p> <p style="text-align: center; font-size: small;">First Last</p> <p><b>Occupation:</b> _____ <b>Work Phone:</b> _____</p> <p><b>Father:</b> _____ <b>Cell Phone:</b> _____</p> <p style="text-align: center; font-size: small;">First Last</p> <p><b>Occupation:</b> _____ <b>Work Phone:</b> _____</p>
<b>EMERGENCY CONTACT</b>	<p><b>Name of Pediatrician:</b> _____ <b>Phone :</b> _____</p> <p><b>Emergency Contacts (other than parents):</b></p> <p>1. <b>Name:</b> _____ <b>Phone :</b> _____</p> <p style="text-align: center; font-size: small;">First Last</p> <p>2. <b>Name:</b> _____ <b>Phone :</b> _____</p> <p style="text-align: center; font-size: small;">First Last</p>
<b>SIBLINGS</b>	<p>1. <b>Name:</b> _____ <b>Age:</b> ____ <b>Gender:</b> ____ <b>School:</b> _____</p> <p>2. <b>Name:</b> _____ <b>Age:</b> ____ <b>Gender:</b> ____ <b>School:</b> _____</p> <p>3. <b>Name:</b> _____ <b>Age:</b> ____ <b>Gender:</b> ____ <b>School:</b> _____</p>



**1. Please choose a program**

Program	Age (by Oct 1)	Check One
Toddler	1.5 – 3 years	<input type="radio"/>
Preprimary	3 – 5 years	<input type="radio"/>
Kindergarten	5 – 6 years	<input type="radio"/>

**2. Please choose a session**

Core Session	Timings	5 days/week	3 days/week
Full-Day + Extended Hours (Before & After)	7:00am – 6:30pm	<input type="radio"/>	<input type="radio"/>
Full-Day	8:45am – 3:15pm	<input type="radio"/>	<input type="radio"/>
Half-Day (Morning)	8:45am – 11:30am	<input type="radio"/>	<input type="radio"/>
Half-Day (Afternoon)	12:30pm – 3:15pm	<input type="radio"/>	<input type="radio"/>

**3. Please indicate Extended Care options**

Extended Care Session	Timings	5 days/week	3 days/week
Before Care	7:00am – 8:45am	<input type="radio"/>	<input type="radio"/>
After Care	3:15pm – 6:30pm	<input type="radio"/>	<input type="radio"/>

**4. Does your child have any allergies and/or dietary restrictions? Please indicate.**

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**5. List previous school experience(s) your child has had.**

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**6. If your child has had previous school experience, what is your reason for this change?**

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**7. What are your goals for your child?**

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**8. What would you like us to know about your child (temperament, learning style, separation, and care other than parents)?**

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Parent's Signature: \_\_\_\_\_

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

MM/DD/YYYY