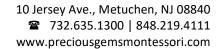




## Application for Admission New Student

## School Year 2023 - 2024

| STUDENT                                  |                       | First Last | Date                  | of Application: |
|--|-----------------------|------------|-----------------------|-----------------|
|  | Date of Birth:        | MM/DD/YYYY | Age: Month            |                 |
|  |                       | treet      |                       |                 |
|  |                       | city       | State E-mail Address: | Zip Code        |
| PARENTS                                  | Mother:               | First Last | Cell Phone:           |                 |
| <u> </u>                                 | Occupation:           |            | Work Phone            | :               |
|  |                       | First Last | Cell Phone:           | <del></del>     |
|  | Occupation:           |            | Work Phone            | :               |
| MERGENCY CONTACT                         | Name of Pediatrician: |            | Phone :               |                 |
| Emergency Contacts (other than parents): |                       |            |                       |                 |
| RGEN                                     | 1. Name:              | First Last | Phone :               |                 |
| EME                                      | 2. Name:              | First Last | Phone :               |                 |
| SIBLINGS                                 | 1. Name:              |            | : Gender:             | School:         |
| SIBL                                     | 2. Name:              | Age        | : Gender:             | School:         |
|  | 3. Name:              | Age        | : Gender:             | School:         |
|  |                       |            |                       |                 |





## 1. Please choose a program

| Program      | Age (by Oct 1) | Check One |
|--------------|----------------|-----------|
| Toddler      | 1.5 – 3 years  | 0         |
| Preprimary   | 3 – 5 years    | 0         |
| Kindergarten | 5 – 6 years    | 0         |

## 2. Please choose a session

| Core Session                               | Timings          | 5 days/week | 3 days/week |
|--|------------------|-------------|-------------|
| Full-Day + Extended Hours (Before & After) | 7:00am – 6:30pm  | $\circ$     | $\circ$     |
| Full-Day                                   | 8:45am – 3:15pm  | 0           | 0           |
| Half-Day (Morning)                         | 8:45am – 11:30am | 0           | 0           |
| Half-Day (Afternoon)                       | 12:30pm – 3:15pm | $\circ$     | 0           |

3. Please indicate Extended Care options

| Extended Care Session | Timings         | 5 days/week | 3 days/week |
|-----------------------|-----------------|-------------|-------------|
| Before Care           | 7:00am – 8:45am | 0           | 0           |
| After Care            | 3:15pm – 6:30pm | 0           | 0           |

| Does your child have any allergies and/or dietary restrictions? Please indicate. |   |  |  |
|--|---|--|--|
| 5. List previous school experience(s) your child has had.                        |   |  |  |
| 6. If your child has had previous school experience, what is                     | s your reason for this change?                |  |  |
| 7. What are your goals for your child?   |   |  |  |
| 8. What would you like us to know about your child (temperother than parents)?   | erament, learning style, separation, and care |  |  |
| Parent's Signature:  | Date:   |  |  |