



Application for Admission New Student

School Year 2025 – 2026

STUDENT	<p>Name of Student: _____ Date of Application: _____ <small style="margin-left: 100px;">First Last</small> <small style="margin-left: 200px;">MM/DD/YYYY</small></p> <p>Date of Birth: _____ Age: _____ Gender: _____ <small style="margin-left: 100px;">MM/DD/YYYY</small> <small style="margin-left: 100px;">Year Month</small></p> <p>Student's Address: _____ <small style="margin-left: 100px;">Street</small></p> <p>_____</p> <small style="margin-left: 100px;">City</small> <small style="margin-left: 200px;">State</small> <small style="margin-left: 100px;">Zip Code</small> <p>Home Phone: _____ E-mail Address: _____</p>
PARENTS	<p>Mother: _____ Cell Phone: _____ <small style="margin-left: 100px;">First Last</small></p> <p>Occupation: _____ Work Phone: _____</p> <p>Father: _____ Cell Phone: _____ <small style="margin-left: 100px;">First Last</small></p> <p>Occupation: _____ Work Phone: _____</p>
EMERGENCY CONTACT	<p>Name of Pediatrician: _____ Phone : _____</p> <p>Emergency Contacts (other than parents):</p> <p>1. Name: _____ Phone : _____ <small style="margin-left: 100px;">First Last</small></p> <p>2. Name: _____ Phone : _____ <small style="margin-left: 100px;">First Last</small></p>
SIBLINGS	<p>1. Name: _____ Age: ____ Gender: ____ School: _____</p> <p>2. Name: _____ Age: ____ Gender: ____ School: _____</p> <p>3. Name: _____ Age: ____ Gender: ____ School: _____</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.

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

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

7. What are your goals for your child?

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

Parent's Signature: _____

Date: _____

MM/DD/YYYY