



3s/4s PROGRAM APPLICATION 2020-2021 ADMISSION

Children in the 3s/4s Program must turn four years of age by December 31st, 2020

Child Name: _____ Date of Birth: _____

Gender: _____ Nickname: _____ Home Phone: _____

Address: _____

City State Zip

Additional Address: _____

City State Zip

- I AM A CURRENT PAMDS PARENT Child's Name/Class _____
- I AM A PAST PAMDS PARENT Child's Name/Years Attended _____
- I AM A PAMDS LEGACY Name/Years Attended _____
- I AM A MEMBER OF PAUMC
- I AM NEW TO PAMDS

Parent/Guardian #1

Parent/Guardian #2

Name: _____

Name: _____

Preferred E-Mail: _____

Preferred E-Mail: _____

Cell Phone: _____

Cell Phone: _____

Business Phone: _____

Business Phone: _____

Profession: _____

Profession: _____

Company: _____

Company: _____

Business Address: _____

Business Address: _____

Does your child live with both parents/guardians? Yes No If no, please explain: _____

Does your child currently receive any interventional therapy? If so, what? _____

Does your child have any special diagnoses, medical issues, allergies, or dietary restrictions?

List any program in which your child has participated: _____

Is your child bilingual or regularly exposed to any language other than English? If so, how?

How did you hear about PAMDS? _____

Are you likely to apply for financial aid? Yes No

Is there any additional information of which we should be aware in considering your child's application? (Feel free to add additional pages as necessary.) _____

PLEASE RETURN THIS APPLICATION ALONG WITH A SMALL PHOTO OF YOUR FAMILY AND A \$75 APPLICATION FEE
(PLEASE MAKE ALL CHECKS PAYABLE TO "PARK AVENUE METHODIST") TO:
ADMISSIONS, PARK AVENUE METHODIST DAY SCHOOL, 106 EAST 86TH STREET, NEW YORK, NY 10028

ALL APPLICATIONS MUST BE RECEIVED BY WEDNESDAY, JANUARY 8TH, 2020

FOR OFFICE USE ONLY

Date Received: _____

Application Fee: _____

Open House Attended: _____

Playgroup: _____

Program: _____

SIBLING LEGACY TWIN PAUMC

Notes: _____

PLEASE ATTACH A SMALL PHOTO
OF YOUR FAMILY HERE

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