

PARK AVENUE METHODIST DAY SCHOOL

106 EAST 86TH STREET, NEW YORK, NY 10028 • 212.289.6997^{PHONE} • 212.534.0410^{FAX} • WWW.PAMDAYSCHOOL.ORG

2017-2018 APPLICATION FOR ADMISSION (Twos', Threes', Fours' & Fives' Programs)

CHILD NAME: _____ DATE OF BIRTH: _____

FEMALE MALE NICKNAME: _____ HOME PHONE: _____

ADDRESS: _____
CITY STATE ZIP

ADDITIONAL ADDRESS: _____
CITY STATE ZIP

SIBLING'S NAME	AGE	SCHOOL
_____	_____	_____
_____	_____	_____

- | |
|---|
| <input type="checkbox"/> I AM A CURRENT PAMDS PARENT Child's Name/Class _____ |
| <input type="checkbox"/> I AM A PAST PAMDS PARENT Child's Name/Years attended _____ |
| <input type="checkbox"/> I AM A PAMDS LEGACY Name/Years attended _____ |
| <input type="checkbox"/> I AM NEW TO PAMDS |

PARENT/GUARDIAN #1

NAME: _____

PREFERRED E-MAIL: _____

CELL PHONE: _____

BUSINESS PHONE: _____

PROFESSION: _____

COMPANY: _____

BUSINESS ADDRESS: _____

PARENT/GUARDIAN #2

NAME: _____

PREFERRED E-MAIL: _____

CELL PHONE: _____

BUSINESS PHONE: _____

PROFESSION: _____

COMPANY: _____

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?

PLEASE RETURN THIS APPLICATION ALONG WITH A SMALL PHOTO OF YOUR CHILD 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 DECEMBER 16, 2016

FOR OFFICE USE ONLY

Date Received: _____

Application Fee: _____

Open House Attended: _____

Playgroup: _____

Age at Entry: _____

Program: _____

SIBLING LEGACY TWIN

Notes: _____

PLEASE ATTACH A SMALL PHOTO
OF YOUR CHILD HERE

ISAAGNY member schools admit students of any race, color, sexual orientation, national or ethnic origin to all the rights and privileges, programs and activities generally accorded or made available to students at their schools. Member schools do not discriminate on the basis of race, color, sexual orientation, national or ethnic origin in administration of their educational policies, scholarships and loan programs, and athletic and other school-administered programs.