

Age: _____ Cat: _____ Pref: _____

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 |
|----------------|-------|--------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

- 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 NEW TO PAMDS

PARENT/GUARDIAN #1

PARENT/GUARDIAN #2

NAME: _____

PREFERRED E-MAIL: _____

CELL PHONE: _____

BUSINESS PHONE: _____

PROFESSION: _____

COMPANY: _____

BUSINESS ADDRESS: _____

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? _____

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 NOVEMBER 11, 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

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