



PARK AVENUE METHODIST DAY SCHOOL

106 EAST 86TH STREET, NEW YORK, NY 10028 • 212.289.6997 phone • 212.534.0410 fax • WWW.PAMDAYSSCHOOL.ORG

2s PROGRAM

APPLICATION FOR 2019-2020 ADMISSION

Children in the 2s Program must turn two years of age by September 1st, 2019

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

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 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 TUESDAY, JANUARY 8TH, 2019

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 FAMILY HERE

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