



## 2s PROGRAM APPLICATION 2020-2021 ADMISSION

Children in the 2s Program must turn two years of age by September 1<sup>st</sup>, 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?

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List any program in which your child has participated: \_\_\_\_\_

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

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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.) \_\_\_\_\_

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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 86<sup>TH</sup> STREET, NEW YORK, NY 10028

**ALL APPLICATIONS MUST BE RECEIVED BY WEDNESDAY, JANUARY 8<sup>TH</sup>, 2020**

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Application Fee: \_\_\_\_\_

Open House Attended: \_\_\_\_\_

Playgroup: \_\_\_\_\_

Program: \_\_\_\_\_

SIBLING LEGACY TWIN PAUMC

Notes: \_\_\_\_\_

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PLEASE ATTACH A SMALL PHOTO  
OF YOUR FAMILY HERE

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