



93 St. Mark's Place NYC 10009 212-777-9774 Fax 917-979-2518

Application for Admission (No fee)

Child's Date of Birth _____ Child's Name: _____

Child's Gender M _____ F _____ Date of Application: _____

Parent 1: _____ Parent 2: _____

Address: _____ Address: _____

City/St/Zip: _____ City/St/Zip _____

E-mail _____ E-mail _____

Work phone: _____ Work phone: _____

Home phone _____ Home phone: _____

Occupation: _____ Occupation: _____

How did you hear about the school? _____

With whom does child live: _____

Siblings: (Names/Ages) _____

Special circumstances (such as allergies, illnesses, recent changes, separation):

Days you would like your child to attend:

Regular Day 8:30-3pm:

Mon _____ Tue _____ Wed _____ Thu _____ Fri _____

After School 3-5:30pm

Mon _____ Tue _____ Wed _____ Thu _____ Fri _____

Will you be applying for financial aid? YES _____ NO _____

Do you plan to vaccinate your child: YES _____ NO _____