



CCPDS APPLICATION 2019-20

Child's Name _____ Age by Sept. 1st _____ Sex _____

Birth date _____ Prefers to be called _____ Place of Birth _____

Home Address _____
Number Street Town Zip

Home Phone _____ Cell Phone _____ Email _____

Parent/Guardian Name _____ Parent/Guardian Name _____
Occupation _____ Hours _____ Occupation _____ Hours _____

Business Name _____ Business Name _____

Business Address _____ Business Address _____

Work Phone _____ Work Phone _____

Are parents active members of Christ Church? _____ yes _____ no

Have parents had a child at CCPDS before? _____ If so, year and child's name _____

Is a parent a CCPDS alumni? _____ If so, years attended and name _____

Mailings to a second address? _____

Has your child attended another preschool? _____ If so, for how long? _____

School Name _____ Address _____

Names of siblings Date of Birth Grade/School

Why are you interested in Christ Church Parish Day School for your child?

How did you hear about Christ Church Parish Day School? _____

What are your expectations for your child's school experience?

Do you have any special talents/skills that could enhance the children's experience here at Christ Church (e.g. music, computer, carpentry) and would you want to volunteer your time?

Other pertinent family information, additional thoughts, or concerns:

Would you be interested in our "Adventure Friday" program from 9 to 1? _____ yes _____ no

Would you be interested in joining our Afternoon Enrichment program until 3:00 Mon. – Thurs.? _____ yes _____ no

The Admissions Committee places children based on age and gender.

Young 3 year old program (Orange Room) 9:00-11:45 am Mon., Tues.,

Mid 3 year old program (Green Room) 9:00-11:45 am Wed., Thurs., Fri.

Older 3 year olds and younger 4 year olds (Yellow Room) 9:00-11:45am (Sept.-Dec.) Mon. thru Thurs.

9:00 – 1:00pm (Jan.-June)

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Terms: All applications are due by January 15, 2019. Each application for enrollment must be accompanied by a non-refundable registration fee of \$50. A \$500 deposit must be received within two weeks of your letter of acceptance. The deposit is applied toward tuition and is non-refundable after March 31, 2019. *Withdrawal after May 15th results in responsibility for full tuition payment, unless the place can be filled.* Please include your \$50 registration fee, payable to Christ Church Parish Day School, with this form and mail to:

Christ Church Parish Day School Admissions
149 Asbury Street
South Hamilton, MA, 01982

In requesting admission for my child, I agree to the policies of the Day School as described above and/or in any other pertinent information presented to me prior to or concurrent with admission.

Signature of parent/guardian(s) _____ *Date* _____

Up to 50% scholarship aid is available, please contact the Day School office for more information at 978-468-7892.

Christ Church Parish Day School does not discriminate in providing services to children or their families on the basis of race, religion, cultural heritage, national origin, marital status, political beliefs, disability, or sexual orientation.

(Office Use Only) *App. Received* _____ *Registration Fee* _____ *Deposit Received:* _____ *Wait List* _____