

Christ Church Parish Day School

STUDENT APPLICATION

| Child's Name | Age by Sept. 1st Gender | | |
|---|-------------------------|-------------------|--------------|
| Birth date Prefers to be called | Place of Birth | | |
| Home Address | | | |
| Number Street | Town | Zip | |
| Home Phone Cell Phone_ | Email | | |
| Parent/Guardian Name | _ Parent/Guard | lian Name | |
| Occupation Hours | Occupation Hours | | |
| Business Name | Business Name | | |
| Business Address | Business Address | | |
| Work Phone | | | |
| Mailings to a second address? | | | |
| Are parents active members of Christ Church? | yes | _no | |
| Have parents had a child at CCPDS before? | _yesno | If so, year and o | child's name |
| Is a parent a CCPDS alumni? yesne | 0 | | |
| If so, years attended and name | | | |
| Has your child attended another preschool? School Name | | now long? | |
| Address | | | |
| Names of siblings Date of Birth | Grade/School | | |
| | | | |
| Why are you interested in Christ Church Parish Da | | | |
| How did you hear about Christ Church Parish Day | y School? | | |
| What are your expectations for your child's school | ol experience? | | |

| Other pertinent famil | y information, additiona | l thoughts, or concerns: | |
|---|---|---|---|
| • | cial talents/skills that could would you want to vol | | experience here at Christ Church |
| Would you be interes | ted in our Afternoon Enr | ichment program until 3:00 |) Mon. – Thurs.? |
| ****** | ****** | ******* | ****** |
| The Admissions Com | mittee places children ba | ased on age and gender. | |
| 2 day program - 9:00 3 day program - 9:00 Green Room - Mid 3 3 day program - 9:00 Yellow Room Older 3 4 day program - 9:00 5 day program - 9:00 Red and Blue Rooms 4 day program - 9:00 | year old program -1:00 pm Wed. thru Fri. 3 year olds and younger - 1:00pm Mon. thru Th - 1:00pm Mon. thru Fri 5 4 and 5 year olds am-1:00pm Mon. thru T | Friday - Fridays mixed age 7 4 year olds urs. day - Fridays mixed age cla hurs. | class with limited enrollment ss with limited enrollment d Blue room group with limited |
| non-refundable regis acceptance. The depo responsibility for full | tration fee of \$50. A \$500 osit is applied toward tui <i>tuition payment, unless</i> | Odeposit must be received tion and is non-refundable | ollment must be accompanied by a within two weeks of your letter of e. <i>Withdrawal after May 15th results in</i> ase include your \$50 registration fee, |
| | Christ Churc | h Parish Day School Adm | issions |
| | 55t 5u. | 149 Asbury Street | |
| | Sou | th Hamilton, MA, 01982 | |
| | • | to the policies of the Day S esented to me prior to or co | chool as described above and/or in any oncurrent with admission. |
| Signature of | parent/guardian(s) | | Date |
| Christ Church Parish | info Day School does not dis | rmation at 978-468-7892. criminate in providing serv | act the Day School office for more vices to children or their families on the political beliefs, disability, or sexual |
| (Office Use Only) | | | |
| (Office Use Only) App.Received | Registration Fee | Deposit Received: | Wait List |