



Church of the Redeemer
PARISH DAY SCHOOL

2020-2021

APPLICATION FOR (Check one)

___ 2 Day 2s (M,T 8:45-11:30)

___ 5 Day 3s (M-F 8:45-11:45)

___ 3 Day 2s (W,TH,F 8:45-11:45)

___ Pre-k (M-F 8:45-11:45)

*Priority given to children whose DOB falls between 9/1 – 12/31

___ Kindergarten (M-F 8:45-2:45)

___ 3 Day 3s (W,TH,F 8:45-11:45)

___ Pre-first (M-F 8:45-2:45)

Child's Name _____

Preferred Name _____

Birth Date _____

Gender _____

Preschool programs child has attended _____

Siblings _____ Siblings' DOB _____

Have siblings or parents attended the Parish Day School? _____ Year _____

Has the applicant consulted with a physician or other professional regarding physical, emotional or academic development? _____ If yes, please provide additional information:

Parent's Name _____ Preferred Name _____

Home Address _____

City/State _____ Zip code _____

Home Telephone (____) _____ Cell Phone (____) _____

Place of Work _____ Work Phone (____) _____

E-Mail: _____

Parent's Name _____ Preferred Name _____

Home Address _____

City/State _____ Zip code _____

Home Telephone (____) _____ Cell Phone (____) _____

Place of Work _____ Work Phone (____) _____

E-Mail: _____

Mailing Label Name(s) _____

Are you a member of the Church of the Redeemer? _____

How did you hear about us? _____

Signature _____ Date _____

- Please enclose a \$25.00 application fee; made payable to Redeemer Parish Day School.
- If you wish to be considered for financial aid, please call the office to request an application.
- Please attach any school reports or conference forms from previous schools or programs.
- It is important to provide all information requested above. Incomplete applications will not be considered for admission.