

# APPLICATION FOR ADMISSIONS



## WELCOME TO FOUNTAIN DAY SCHOOL (FDS)

Below you will find procedures for registering your child. These steps are to be followed and completed by parents or guardians who have concluded that FDS is the appropriate environment for their child.

### ADMISSION PROCEDURE

Please complete our application for admission (one application form per family). Kindly ensure that the enclosed forms and documentation requirements are read, completed and submitted (where applicable).

Depending on our enrollment availability you may be put on a waiting list. The filling out of an application does not guarantee enrollment. All information is held in the strictest confidence. If and when spaces become available, your family will be contacted if your family is selected for enrollment.

### We are interested in enrolling: (check all that apply)

- 3 days a week program
- 2 days a week program
- Single/drop in classes
- Beginning on this month/  
date \_\_\_\_\_

- 1) Application deadline: Applications are accepted year-round
- 2) If you are on the waiting list we will contact you when the first space becomes available.

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## STUDENT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Middle Name \_\_\_\_\_ Preferred Name \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Child's age at time of application \_\_\_\_\_ Child's SS# \_\_\_\_\_  
Sex Male ( ) Female ( ) Citizenship \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Name of Previous School(s) \_\_\_\_\_ School Tel # \_\_\_\_\_  
Name of Teacher \_\_\_\_\_ Other Languages Spoken \_\_\_\_\_

## FAMILY INFORMATION

Parent/Guardian 1 (with whom the child resides) Relation \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Occupation \_\_\_\_\_ SS# \_\_\_\_\_  
Employer \_\_\_\_\_ Employer Address \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_  
Email Home \_\_\_\_\_ Email Office \_\_\_\_\_

Parent/Guardian 2 (with whom the child resides) Relation \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Occupation \_\_\_\_\_ SS# \_\_\_\_\_  
Employer \_\_\_\_\_ Employer Address \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_  
Email Home \_\_\_\_\_ Email Office \_\_\_\_\_

### Sibling Information

1) Name \_\_\_\_\_ School \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
2) Name \_\_\_\_\_ School \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

## HEALTH INFORMATION

Family Health Plan Provider \_\_\_\_\_

Health Care # \_\_\_\_\_ Phone # \_\_\_\_\_

Plan is provided by which parent  Father  Mother  Both Other: \_\_\_\_\_

Does your child have any special needs that we should be aware of?  Yes  No

If yes, please explain how we can be of support. \_\_\_\_\_

Are there any support organizations that will be involved with your child's development?  Yes  No

Frank Lanterman Regional Center  West Side Regional Center  Other \_\_\_\_\_

## PHOTO

We would appreciate it if you would please include a photo of your family with the application.

Photo Enclosed  Sorry, we would prefer not to

## SECURITY PASSWORD

All information is kept confidential. Please specify a password which will be used when necessary to verify your identity over the telephone.

Password \_\_\_\_\_

## MISCELLANEOUS INFORMATION

We are appreciative of your interest in Fountain Day School. Please answer the following questions so that we may better understand your needs.

1) How did you hear about Fountain Day School? \_\_\_\_\_

2) Which other classes have you considered as possibilities? \_\_\_\_\_

3) Please indicate the criteria that influenced your decision to apply to Parent & Me at Fountain Day School.

4) What are you most looking forward to getting out of your time with our program? \_\_\_\_\_

5) Are there any specific areas of interest or focus you'd like us to be aware of in regards to your child's development? \_\_\_\_\_