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).

Our application fee is \$150.00; please attach a check or money order to your completed application. This fee in non-refundable. Depending on our enrollment availability you may be put on a waiting list. The filling out of an application and acceptance of a fee does not guarantee enrollment. All information is held in the strictest confidence. If and when spaces become available, enrollment may be offered during the year. You will be contacted if your family is selected for enrollment.

W	e are	interested	in	enrolling:	(check all that apply)
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☐ Immediately, next available space
□June Session (approx. 30 spaces avail.)
□August Session (approx.12 spaces avail.)
1) Application deadline: Applications are accepted year-round
2) Playdates for new families are scheduled January through March 1st
3) Acceptance letters are mailed out by the first week of March
4) We occasionally accept applications for immediate placement
If you are on the waiting list we will contact you when the first space becomes available.

Application Date	Payment	Receipt Number	Scheduled Playdate	

Date		

STUDENT INFORMATION

Last Name	First Nam	e		
Middle Name	Preferred	Name		
Home Address		Home Phone _		
City		State	Zi	p
Date of Birth	Child's age at time of application _	Child's S	S#	
Sex Male () Female () Citizenship	_ Place of Birth		
Name of Previous School	ol(s)	School Tel	#	
Name of Teacher	Other Languages	Spoken		
E444111 INCORP.	0.11			
FAMILY INFORMATION				
Parent/Guardian 1 (with w	hom the child resides) Relation			
Last Name	First Nam	e		
Occupation	Occupation SS#			
Employer	Employer Address			
Home Phone #	Cell #	Work #		
Email Home	Email Offic	ee		
Parent/Guardian 2 (with w	hom the child resides) Relation			
Last Name	First Nam	e		
Occupation		SS#		
Employer	Employer Address			
Home Phone #	Cell #	Work #		
Email Home	Email Offic	ee		
Sibling Information				
1) Name	School	A	\ge	Grade
2) Name	School	A	\ge	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? \square Yes \square 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? \square Yes \square 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 your hear about Fountain Day School? _____ 2) Which other schools have you considered as possibilities? _____ 3) Please indicate the criteria that influenced your decision to apply to Fountain Day School. 4) FDS Families are required to volunteer for at least one event per year as well as participate in our annual giving campaign. In what ways do you plan to contribute to the FDS community of "Families Helping Families?"