

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)

- 8 week session
- 4 week session
- 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? _____