



GRACE EPISCOPAL DAY SCHOOL

Early Childhood Center

23 Cedar Shore Dr.
 Massapequa, NY 11758 516-798-1122
 www.gracedayschool.org

School yr. _____

Admission Application (10 Months)

- 2 Yr Olds**
- _____ 2 Day AM 9:30-11:30 (Tues/Thurs)
 - _____ 2 Day PM 12:00-2:00 (Tues/Thurs)
 - _____ 2 Full Day 9:30-2:30 (Tues/Thurs)
 - _____ 3 Day AM 9:30-11:30 (Mon/Wed/Fri)
 - _____ 3 Day PM 12:00-2:00 (Mon/Wed/Fri)
 - _____ 3 Full Day 9:30-2:30 (Mon/Wed/Fri)
 - _____ 5 Day AM 9:30-11:30
 - _____ 5 Full Day 9:30-2:30

- Pre-K**
- _____ 3 Day AM 9:00-11:30 (Mon/Wed/Fri)
 - _____ 3 Full Day 9:00-2:30 (Mon/Wed/Fri)
 - _____ 5 Day AM 9:00-11:30
 - _____ 5 Full Day 9:00-2:30

- Kindergarten**
- _____ 5 Full Day (8:30-2:45)

- Nursery**
- _____ 3 Day AM 9:00-11:30 (Mon/Wed/Fri)
 - _____ 3 Day PM 12:00-2:30 (Mon/Wed/Fri)
 - _____ 3 Full Day 9:00-2:30 (Mon/Wed/Fri)
 - _____ 5 Day AM 9:00-11:30
 - _____ 5 Full Day 9:00-2:30

Early drop-off and aftercare available upon request

Name _____
 (Last) (First) (Middle) Male Female

Address _____

Telephone _____

SS# _____ Date of Birth _____ Place of Birth _____

Church Denomination _____ Name of Church _____

Present School _____ Address _____

Teacher _____ Principal/Head _____

Telephone _____ Current Grade Level _____

Name of public school district in which you reside _____

Father's Name _____ Mother's Name _____

Home Address _____ Home Address _____

Home Phone _____ Home Phone _____

Occupation/Position _____ Occupation/Position _____

Company _____ Company _____

Business Phone _____ Business Phone _____

Cell Phone _____ Cell Phone _____

E-Mail Address _____ E-Mail Address _____

Applicant lives with: Both parents Father Mother Other _____

SIBLINGS

Name _____ Age _____ School _____

Name _____ Age _____ School _____

GENERAL INFORMATION

How did you hear about Grace? _____

Which family, if any, from Grace referred you to our school?

Relatives who attended Grace? _____

Why do you wish to send your child to Grace?

Are there any particular health or physical conditions of which the School should be aware?

Has your child received any educational services in the past? (example speech,PT,OT)

Signature of Parent or Guardian

Date

Application fee of \$40.00 must accompany this application.

Grace Episcopal Day School admits students of any race, national or ethnic origin, regardless of religious affiliation.

For Office Use Only			
Application Fee Received: _____	Pd. \$ _____	Ck#: _____	Cash <input type="checkbox"/> Credit/Debit _____
Date			