



GRACE ABOVE & BEYOND

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

ADMISSION APPLICATION FULL TIME CARE 50 Weeks Per Year 6:30AM - 6:30 PM

Infants 6 Weeks -18 Months

_____ 2 Full Day
_____ 3 Full Day
_____ 5 Full Day

18 Months -4 Years

_____ 2 Full Day
_____ 3 Full Day
_____ 5 Full Day

Days Selected: Mon Tues Wed Thurs Fri

Arrival time: _____ Departure time: _____

***All children aged 24 months to 4 years will attend
our curriculum based Early Childhood classes from 9:00AM-2:30PM September
through June when enrolled in the 50 week Above & Beyond Program**

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 _____

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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. All fees are nonrefundable.

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

For Office Use Only

Application Fee Received: _____ Pd. \$ _____ Ck#: _____ Cash Credit/Debit _____
Date