

Date of Application		
Academic Year		
Age on September 1s	it (years and mon	tł

Application for Admission

The Rev. Kathleen Liles, Rector

Catherine Hirschman Choudhry, Director

,			Sangeeta Singh, Associate Director					
Applicant Na	me:							
First Middle		Last		Name usually called				
Applicant Inf	·o:							
	Date	of Birth		Birthplace		Male □	Female □	
Address:								
	Street	Apt.	City	State	Zip	Но	ome Phone	
Family I	nformation	l						
Parent/Guai	rdian One:							
Name:								
Address:				City, Sate, Zi	Р			
Home Phone	:			Cell:				
Home Email:				Occupation:				
Business Add	ress:			City, Sate, Zi	р			
Business Pho	ne:			Business En	nail:			
Parent/Guat	rdian Two (if ap	nlicable):						
	Turum 1 wo (ii up)							
				City, Sate, Zi	р			
	:							
Home Email:				Occupation:				
Business Address:			City, Sate, Zip					
Business Pho	ne:			Business Em	nail:			

Marital Status: □ Married	□ Domestic Partner	□ Separated		Single Parent
Applicant lives with:	□ Mother	□ Father	□ Other	
Siblings:				
Name:		Age:	Current School:	
Name:	Age:	_ Current School:		
Additional Informa	tion			
1. What is your family looking	for in a preschool program?			
2. Applicant's experience(s) in	an organized early childhood	setting: (playgroup:	s, classes, etc.)	
3. List all languages spoken at l	home			
How did you learn of The Day	School?			
□ Day School Website □ P	Parishioner Referred by	:	□ Parents League	e 🗆 Alumni
□ Educational Consultant:		□ Other		
Check here if applying for Fina	ncial Aid □			
Please Note:				
Please return the application	n with a \$55 non-refundable	fee payable to " Chi	rist & Saint Stephen's	Day School" to:
The Day School at	Christ & Saint Stephen's	6		

The Day School at Christ & Saint Stephen's 122 West 69th Street New York, NY 10023

- Please include a family photo
- To apply for financial aid, parents must complete the Parents Financial Statement (PFS), available online at sss.nais.org.
- Parents will be contacted upon receipt of the application to schedule a visit to the school