COLUMBUS PRE-SCHOOL APPLICATION FOR ADMISSIONS

Please return to 606 Columbus Ave, NY, NY 10024
with a non-refundable $60.00 Application Fee

School Year 20___-20___

Child's Name _____
First Last

Male _____ Female _____

Child's Date of Birth _____

Child's Address _____

_____
City State Zip

Home Phone Number _____

Age group requested: Please circle

2s: Tu/Th or M/W/F AM or Tu/Wed/Thu PM

3s: 3 days or 5 days AM or PM

Older 3/Young 4s

Pre-K Program

We will try to accommodate all requests

CHILD'S PARENT

Name _____

Home Address _____

_____
City State Zip

Home Phone Number _____

Cell _____

Email Address _____

Occupation/Business _____

Work Address _____

_____
City State Zip

Work Phone _____

CHILD'S PARENT

Name _____

Home Address _____

_____
City State Zip

Home Phone Number _____

Cell _____

Email Address _____

Occupation/Business _____

Work Address _____

_____
City State Zip

Work Phone _____

Please list age of sibling(s) and school(s) they attend. _____
_____
Has your child ever been evaluated either publicly or privately? _____
Does your child have any special needs? _____
If yes, please describe your child's special needs. _____
_____
_____

COLUMBUS PRE-SCHOOL reserves the right to enroll only a few special needs children into our schools who will fit appropriately into our program. COLUMBUS PRE-SCHOOL reserves the right to screen all applicants.

Parent's Name _____ _____
Print Parent's Name Print Parent's Name

Parent's Signatures _____ _____

Date _____ _____

Office use only:
Child's Age as of September 1, 20__ _____YRS. _____ Mos. Date Application received _____