

St. Christopher's Day School  
226 Righters Mill Road  
Gladwyne, PA 19035  
610-649-3890

Date of Application: \_\_\_\_\_

Entry Date: \_\_\_\_\_ Child's Entry Age: \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth date: \_\_\_\_\_

Address : \_\_\_\_\_ Zip Code : \_\_\_\_\_

Home Phone: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Does your child have a nickname? \_\_\_\_\_

Parent's Name: \_\_\_\_\_  
Mother Father

Family Email Address: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Other children in family/ages: \_\_\_\_\_

What previous group experience has your child had, i.e. playgroup, nursery school, Sunday School, etc? \_\_\_\_\_

Is your child responsible enough to take care of personal needs? \_\_\_\_\_

Are you concerned about any particular area in your child's development? \_\_\_\_\_

Registration fee to accompany application: \$ 100.00

(Registration fee is non refundable. Fee is credited towards tuition.)

How did you hear about our program? \_\_\_\_\_