

**PARK CHILDREN'S DAY SCHOOL**  
4 West 76th Street  
New York, New York 10023  
(212) 288-3247

**APPLICATION FOR THE SCHOOL YEAR 2020-2021**

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Name usually called: \_\_\_\_\_

Child's sex: \_\_\_\_\_ Age next September: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Does the child live with both parents? \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer/Business address: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer/Business address: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Child's present school or playgroup (if any):  
\_\_\_\_\_

Names, ages and previous/current schools of siblings:  
\_\_\_\_\_  
\_\_\_\_\_

Special needs, health/allergies or other (please specify):  
\_\_\_\_\_  
\_\_\_\_\_

Would you like to apply for financial aid? \_\_\_\_\_ (If so, no application fee is necessary)

If you know any families whose children attend(ed) this school, please list them here:  
\_\_\_\_\_  
\_\_\_\_\_

Please enclose a non-refundable application fee of \$75.  
Checks should be made payable to PCDS.

PCDS admits students of any race, color, religion, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. We do not discriminate on the basis of race, color, religion, national or ethnic origin in administration of our educational policies, admission policies, scholarship and loan programs and other school programs.

*Because we meet so many families, it will be helpful to have a photo of you with your child. Thank you.*