columbus pre-school

606 Columbus Ave, New York, NY 10024 - (212)721-0090

APPLICATION FOR ADMISSIONS

Please return to 606 Columbus Ave, NY, NY 10024 with a non-refundable $60.00 Application Fee and a recent photograph of your child

Checks may be written to Columbus Pre-School

Child's Name _____
First Last

Male _____ Female _____

Child's Date of Birth _____

Child's Address _____

_____(City, State, Zip)

Home Phone Number _____

School Year 20___-20__

Age group requested: Please circle

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

3s: M/W/F AM or PM or T/W/Th PM

Older 3s: M-F AM or PM

4's/Pre-K Program

**We will try to accommodate all requests*

Child's Parent

Name _____

Home Address _____

_____ (City, State, Zip)

Home Phone Number _____

Cell Number_____

Email Address _____

Occupation/Business _____

Work Address _____

_____ (City, State, Zip)

Work Phone _____

Child's Parent

Name _____

Home Address _____

_____ (City, State, Zip)

Home Phone Number _____

Cell Number_____

Email Address _____

Occupation/Business _____

Work Address _____

_____ (City, State, Zip)

Work Phone _____

Please list age(s) 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

Parent's Signature _____

Date_____

Parent's Name _____
Print Parent's Name

Parent's Signature _____

Date_____

Office use only:

Child's Age as of September 1, 20__ _____Yr. _____ Mo. Date Application received _____