



Dayschool Innovations, Inc.

Blake Farm Dayschool

Application for Admission

Child's Legal Name: _____	Nickname: _____
Application Date: _____	Phone No.: _____
Address: _____ _____	
Birthdate: _____	Age: _____ Sex: _____
Program Description: _____	

Additional Schools Child is Concurrently Attending and the grade or class level: Previous School Attended:	Enrollment Date: Withdrawal Date:
---	--

We do not charge an application fee. There is a non-refundable \$150 registration fee and \$50 deposit per child once the student has been accepted into a Blake Farm Dayschool program.

- Steps in the Enrollment Process**
- Application and Interview
 - Acceptance
 - Registration
 - Registration Fee
 - Medical Records and Other Information
 - Enrollment
 - Orientation

Nondiscrimination Policy as to Students

Blake Farm Dayschool and its managing company, Dayschool Innovations, Inc., admits students into its program of any race, color, national and ethnic origin to all of the rights, privileges, programs, and activities generally accorded or made available to students at Blake Farm Dayschool. We do not discriminate on the basis of race, color, national and ethnic origin in the administration of our programs, educational policies, admissions policies, scholarship and loan programs, and athletic and other programs administered by the school.

Guardian Information:

Student Lives With: **Mother** **Father** **Both** **Guardian** **Other** _____

Mother's Name: _____ Home Phone: _____

Address: _____

Employer: _____

Work Phone: _____ Cell No.: _____

Email: _____

Father's Name: _____ Home Phone: _____

Address: _____

Employer: _____

Work Phone: _____ Cell No.: _____

Email: _____

I am this child's parent or legal guardian, and I certify that all the information on this student's Application for Admission is true and correct to the best of my knowledge.

(Signature)

(Date)

Child's Medical Information

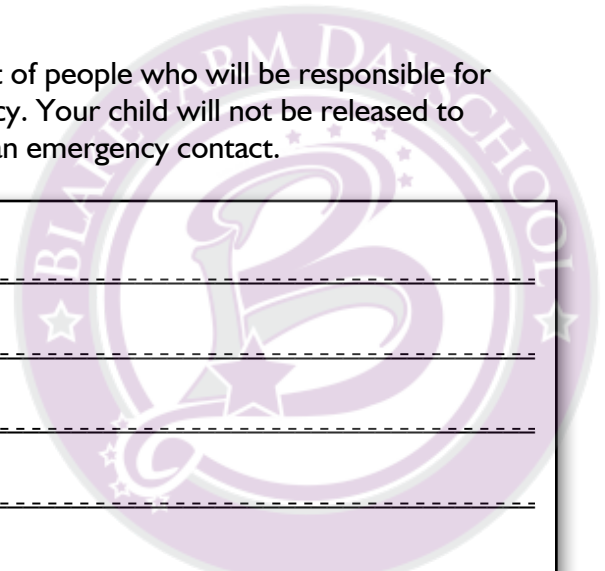
Doctor's Name: _____ Office Phone: _____

Address: _____

Allergies or Special Needs of the Child:

Emergency Contact:

For the safety and protection of your child, please provide a list of people who will be responsible for picking up your child or can be contacted in case of a emergency. Your child will not be released to anyone other than you or those who have been designated as an emergency contact.



Name: _____

Address: _____

Phone Number: _____

Relationship to the Child: _____

Name: _____

Address: _____

Phone Number: _____

Relationship to the Child: _____

Name: _____

Address: _____

Phone Number: _____

Relationship to the Child: _____

Siblings

List Names and Ages

Updated Date: _____