

THE NEW SCHOOL OF LANCASTER
935 Columbia Avenue, Lancaster, PA 17603
(717) 397-7655
APPLICATION

Date of Application _____ Desired Starting Date _____

Child's Name _____ Prefers to be called _____

First MI Last
Date of Birth: _____ / _____ / _____ Gender: Male _____ Female _____
Month Day Year

Child's Address: _____

Street City State Zip Code
Phone Number: _____ School District of child's residence: _____

Program Choices (please check one):

Toddler Program (age 2 as of December 31st--20 months through 2 years + 7 months)

- _____ 5-morning toddler 8:45-11:15
- _____ 3-morning toddler (M, T, W) 8:45-11:15
- _____ 2-morning toddler (Th, F) 8:45-11:15

Primary Full-day Program (age 3 as of December 31st --2 years + 8 months through 5 years)

- _____ 5-morning primary plus 2 afternoons 8:40-2:50 **Afternoon Choices:** Please mark below
 - _____ 5-morning primary plus 3 afternoons 8:40-2:50 M _____ W _____ F _____
 - _____ 5-morning primary plus 4 afternoons 8:40-2:50 T _____ Th _____ No Preference _____
 - _____ 5-morning primary plus 5 afternoons 8:40-2:50
 - _____ 3-morning primary plus 3 afternoons 8:40-2:50 Indicate your 1st, 2nd, 3rd choice MWF _____ TWTh _____
- Please note: There is only one of each of these choices in each classroom.** MTW _____ WThF _____
MTTh _____

NOTE: A child who is enrolled for Kindergarten (age 5 as of December 31st) **MUST** attend a minimum of 5-morning sessions.

Primary Half-day Program (age 3 as of December 31st --2 years + 8 months through 5 years)

- _____ 5-morning primary 8:40-11:30
 - _____ 3-morning primary 8:40-11:30 Indicate your 1st, 2nd, 3rd choice MWF _____ TWTh _____
- Please note: There is only one of each of these choices in each classroom.** MTW _____ WThF _____
MTTh _____

Elementary Program (ages as of December 31st)

- _____ Early Elementary (5 full days) 6-9 year olds 8:30 - 3:00
- _____ Upper Elementary (5 full days) 9-12 year olds 8:30 - 3:00
- _____ Middle School (5 full days) 12-14 year olds 8:30 - 3:00

Does your child have any known food allergies? _____ Yes _____ No.
If yes, to what food(s) is your child allergic? _____

Are you interested in before and after school daycare on a contract basis (primary and elementary students only)? _____ Yes _____ No.
If yes, what days and hours interest _____

Has the child had any previous school or child care experience? _____ Yes _____ No.
If yes, where? _____

Has the child undergone an educational or psychological evaluation by either a school system or a private specialist? _____ Yes _____ No.
If yes, please explain and attach a copy of the report to this application.

Bus transportation is available from your local public school district for school-age children only. Are you interested in busing?
_____ Yes _____ No _____ Do not qualify

Father's Information

Name _____

Home Address _____

Street

City, State, Zip

Home Phone _____

E-mail address _____

Occupation _____

Employer _____

Work Address _____

Street

City, State, Zip

Work Phone _____

Mother's Information

Name _____

Home Address _____

Street

City, State, Zip

Home Phone _____

E-mail address _____

Occupation _____

Employer _____

Work Address _____

Street

City, State, Zip

Work Phone _____

Child's Siblings

Name: _____

Birth Date: _____ Gender: M F

Name: _____

Birth Date: _____ Gender: M F

Name: _____

Birth Date: _____ Gender: M F

Name: _____

Birth Date: _____ Gender: M F

Paternal Grandparents

Names _____

Address _____

Street

City/State/Zip

Phone: _____

Day

Evening

Maternal Grandparents

Names _____

Address _____

Street

City/State/Zip

Phone: _____

Day

Evening

Please state briefly why you are choosing The New School for your child: _____

Please briefly describe any pertinent information that would help us to make your child feel more comfortable at school _____

Name and relationship of friends/relatives/New School families who have recommended The New School _____

If you are applying to our Primary Program, do you plan to keep your child at The New School through our elementary program?
____ Yes ____ No ____ Undecided Please explain: _____

If space is not available, would you like to have your child's name placed on our waiting list? ____ Yes ____ No
A non-refundable registration fee of \$50 is required with this application and is NOT part of the tuition.

You will be notified if a space is not available for your child. Please be aware that changing your child from one program to another after acceptance of your initial enrollment will be possible only if space is available. There may be a program change fee of \$25.00 for each change made.

Signature of Parent: _____

Signature of Parent: _____

MAIL \$50 APPLICATION FEE payable to The New School of Lancaster

AND THIS COMPLETED APPLICATION FORM TO:

THE NEW SCHOOL OF LANCASTER

935 Columbia Avenue Lancaster, PA 17603