

Divine Wisdom Catholic Academy

APPLICATION FORM 2017-2018 ACADEMIC YEAR

GRADES NURSERY/PRE-K

BAYSIDE CAMPUS: _____

DOUGLSTON CAMPUS: _____

Nursery: Student must be born in 2014 Calendar Year

PreK: Student must be born in 2013 Calendar Year and must reside in NYC

Grade Entering: Nursery AM _____ Nursery PM _____ Nursery Full Day _____ Pre-K _____

Zoned Public School: _____ School Address: _____

STUDENT INFORMATION: STUDENT'S NAME MUST MATCH BIRTH CERTIFICATE

First Name: _____ Middle: _____ Last: _____

Check One: Male Female Birth Date: _____
mm/dd/yyyy

Family Name (if different than student's last name): _____

Student's Home Address:

Street Address: _____ Apt. _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Preferred E-Mail: _____

What is the city, state, and country where this student was born? _____

What is the primary language spoken at home? _____

Other languages spoken at home are: _____

How many children are in your family? _____

List sibling's names, school attending, and grade:

Names	School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Religious Affiliation: Catholic

Parish Affiliation: _____

Non-Catholic

Religious Affiliation if any: _____

What is the name and location of the church where this student currently worships? _____

Please indicate if the student received the sacrament of Baptism in a Roman Catholic Church. Yes No

_____ Date _____ Name of Church and location

Ethnic Background: Is the student Hispanic, Latino, or Spanish Origin (regardless of race): Yes No

Race: Please check one. (for NYS Statistical Studies)

American Indian/Alaskan Native Asian Black Native Hawaiian or other Pacific Islander White

I.E.P. or Special Services Needed: _____

Medical Information:

What was the date of this student's 1st DTP Immunization? _____

Special Needs (Allergies, etc.) _____

Food Allergies? _____

History of Asthma? _____

Does the child require an inhaler? _____ Nebulizer? _____

History of Serious Illness or Hospitalization: _____

Doctor's Name: _____ Phone: _____

Address: _____

Father:

Title _____ (Mr., Dr., etc.) First Name _____

Last Name _____ Work Phone: (____) _____

Home Phone (____) _____ Cell Phone (____) _____

Email: _____

Place of Employment _____ Position _____

Mother:

Title _____ (Mrs., Dr., Ms., etc.) First Name _____

Last Name _____ Work Phone: (____) _____

Home Phone (____) _____ Cell Phone (____) _____

Email: _____

Place of Employment _____ Position _____

Guardian/Caretaker: (resides at the same address as student)

Title _____ (Mr., Mrs., Dr., Ms., etc.) First Name _____

Last Name _____ Work Phone: (____) _____

Home Phone (____) _____ Cell Phone (____) _____

Email: _____

Place of Employment _____ Position _____

EMERGENCY INFORMATION:

Name: _____ Relationship to Student: _____

Phone Contact: _____

Name: _____ Relationship to Student: _____

Phone Contact: _____

Person, (other than yourself) picking up your child:

Name: _____ Relationship to Student: _____

Phone Contact: _____

Does the child know this person? Yes No

Is there anyone that should not be picking up your child? _____

Are parents divorced or separated? Yes No Indicate: _____

Are any custodial papers needed to be on file with the school? _____

Please list any information about your child you feel the school should know: _____

Person(s) responsible for tuition and/or extended day fees:

Name: _____

Address: _____

Street _____ apt # _____

City _____ State _____ Zip Code _____

Signature of Parent/Guardian _____ **Date** _____

Application Fee and Tuition payments are **NON-REFUNDABLE** unless your child is not accepted.

For office use only:		
Financial Obligations Contract Received (Nursery Only):	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
Birth Certificate or Passport Received:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
Two Forms of Proof of Address Received (Pre-K Only):	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
Baptismal Certificate for Roman Catholic Students Received:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
Immunization Records Received:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
IEP Received if Applicable:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
Application Fee Received (Nursery Only):		
Amount _____ Cash/Check # _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
NYC UPK Application Package Received (Pre-K Only):	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____