

FOR OFFICE USE ONLY

Child's Name: _____
DOB: _____ Class: _____ School Year: _____
Date App. Received: _____ T/A: _____

APPLICATION FOR ADMISSION



CHELSEA DAY SCHOOL

319 Fifth Avenue, 2nd Floor • New York, NY 10016
212-675-8541 www.chelseadayschool.org

Child's Name _____ Date of Birth _____

Residence Address _____

Other Children in Family (name, age) _____

Parent's Name _____

Parent's Name _____

Parent's Address _____

Parent's Address _____

Phone: HOME _____

Phone: HOME _____

WORK/CELL _____

WORK/CELL _____

Email: _____

Email: _____

Occupation: _____

Occupation: _____

Programs child has previously attended: _____

Child's special interests, abilities, disabilities: _____

Priorities and thoughts for my child as I consider a nursery school: _____

I became interested in Chelsea Day School through: _____

Please include any additional information that may be of help as we consider your child's application.

Are you applying for financial aid? Please circle: Yes No

ENCLOSURE OF
FAMILY PHOTO
WOULD BE HELPFUL

Please send a \$40.00 application fee with this form. Thank you.