



**Church of the Redeemer
PARISH DAY SCHOOL**

2017-2018

5603 N. CHARLES ST., BALTIMORE, MD 21210
410-435-9510 www.redeemerpds.org

APPLICATION FOR (Check one)

2 Day 2s (M,T 8:45-11:30)

5 Day 3s (M-F 8:45-11:45)

3 Day 2s (W,TH,F 8:45-11:45)

Pre-k (M-F 8:45-11:45)

*Priority given to children whose DOB falls between 9/1 – 12/31

Kindergarten (M-F 8:45-2:45)

3 Day 3s (W,TH,F 8:45-11:45)

Pre-first (M-F 8:45-2:45)

Child's Name _____

Preferred Name _____

Birth Date _____

Gender _____

Preschool programs child has attended _____

Siblings _____

Siblings' DOB _____

Have siblings or parents attended the Parish Day School? _____ Year _____

Has the applicant consulted with a physician or other professional regarding physical, emotional or academic development? _____ If yes, please provide additional information: _____

Parent's Name _____ Preferred Name _____

Home Address _____

City/State _____ Zip code _____

Home Telephone (_____) _____ Cell Phone (_____) _____

Place of Work _____ Work Phone (_____) _____

E-Mail: _____

Parent's Name _____ Preferred Name _____

Home Address _____

City/State _____ Zip code _____

Home Telephone (_____) _____ Cell Phone (_____) _____

Place of Work _____ Work Phone (_____) _____

E-Mail: _____

Mailing Label Name(s) _____

Religious Affiliation _____ Name of Church _____

How did you hear about us? _____

Signature _____ Date _____

- Please enclose a \$25.00 application fee; made payable to Redeemer Parish Day School.
- If you wish to be considered for financial aid, please call the office to request an application.
- Please attach any school reports or conference forms from previous schools or programs.
- It is important to provide all information requested above. Incomplete applications will not be considered for admission.

For Office Use: Application Date	Application Fee/Email Confirmation	Tour Date/Email Confirmation