

# NOTRE DAME SCHOOL

25 Mayfair Road  
New Hyde Park, NY 11040

Tel. 516-354-5618  
Fax 516 354-5373

## Nursery Full Day Application

Grade for Sept \_\_\_\_\_

### Please Print

\_\_\_\_\_  
Last name of Child                      First              Middle              Place of Birth              Date of Birth              M/F

\_\_\_\_\_  
Home Address                              Town & Zip                      Primary Telephone Number

\_\_\_\_\_  
Name & Town of Baptismal Church      Date              Yes \_\_\_\_\_ No \_\_\_\_\_  
Registered Parishioner of ND              Envelope #

\_\_\_\_\_  
Parish Name/Location                      Home Public School District                      Primary Language

### Other Children in Family:

Name	Birthdate	School Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Parent Information:

	Mother's	Father's
First Name	_____	_____
Last Name	_____	_____
Maiden Name	_____	_____
Relationship	_____	_____
Address (if different)	_____	_____
Religion	_____	_____
Education Completed	_____	_____
Employer	_____	_____
Employer Address	_____	_____
Home Phone (if different)	_____	_____
Work/Day Phone	_____	_____
Cell Phone	_____	_____
Email Home	_____	_____
Email Work	_____	_____

Home conditions affecting child (death, divorce, one parent home): \_\_\_\_\_

With whom is child living? \_\_\_\_\_ Who has legal custody? \_\_\_\_\_



- All documents must be received in order for this application to be processed.
- Acceptance for admission is contingent upon an academic screening and a review of your child's current school records.
- This application must be accompanied with a fee of **\$225.00**, which is **nonrefundable** unless we cannot accommodate your child.

**I hereby unconditionally promise to pay Notre Dame School the outstanding tuition amount and any other amounts due hereunder in accordance with the tuition agreement. This promise to pay remains in full force and effect should I choose to remove my child during the school year.**

\_\_\_\_\_

**Print Name of Parent/Legal Guardian      Signature of Parent/Legal Guardian      Date**

Office Use Only	
Registration Fee	_____
Birth	_____
Baptismal	_____
Immunization	_____
Recent Report Card	_____
Testing Scores	_____
Screening Date	_____
And Time	_____
Status	_____
PowerSchool	_____
Access	_____
Principal Cards	_____
Transcript Requested	_____
Received	_____

