



# Plymouth Church School

75 Hicks Street  
Brooklyn, NY 11201  
(718) 624-9385  
Fax: (718) 624-0331

*Please attach a recent photo here!*

## \*\*\* APPLICATION \*\*\*

School Year of Entry: 20 \_\_\_\_

Child's Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Child lives with: \_\_\_\_\_

Child's age next September 1: \_\_\_\_yrs. \_\_\_\_mos.

If your child will be 3 by Dec. 31, 2010 would you prefer a half day or a full day program? \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Title or Position: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Title or Position: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Previous/Current School or Playgroup: \_\_\_\_\_

May we have permission to contact them? yes \_\_\_\_ phone: ( ) \_\_\_\_\_

Please note any special considerations regarding your child (i.e. strengths, limitations, medical concerns):

\_\_\_\_\_

Language (s) spoken at home: \_\_\_\_\_

Language (s) spoken by child: \_\_\_\_\_

Names, Birth Dates, Schools of Siblings: \_\_\_\_\_

Are you a member of Plymouth Church of the Pilgrims: \_\_\_\_\_

Will you be requesting Financial Assistance: yes \_\_\_\_ no \_\_\_\_ . If so, have you received the financial aid package? yes \_\_\_\_ no \_\_\_\_

Signature of Parent: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Please return this form with a \$75 non-refundable and non-transferable application fee by January 15<sup>th</sup> (December 15<sup>th</sup> for Church Members and siblings of PCS students). Make check payable to Plymouth Church School. Plymouth Church School admits students of any race, color, religion, national or ethnic origin.