



St. Ignatius Loyola Day Nursery
 240 East 84th Street
 New York, NY 10028
 Tel: 212-734-6427 Fax: 212-734-6972

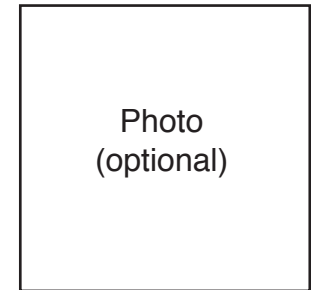


Photo
(optional)

APPLICATION FOR ADMISSION

For academic year 2018-2019
 Please print or type and send back to the Admissions Office.
 Please note that only the first 225 applications received
 will be processed.

Check program you wish to apply for:

- Full Day (Ages 2-5) 8:00 - 5:30
 - Half Day a.m. (2 year olds) 9:00 -12:00
 - Half Day p.m. (3 year olds) 1:30 - 4:30
- All Programs are 5 days (Mon.- Fri.)

APPLICATION INFORMATION

Applicant Last Name		First Name		Usually Called	
Age	Date of Birth	Place of Birth		Religious denomination (optional)	
Home Address		City	State	Zip	Home Phone

SCHOOL INFORMATION. Please provide us with evaluations or reports from your child's current program or from services he or she is receiving.

Present School		School phone number		Dates attended	
School address		City	State	Zip	
Schools previously attended		Dates attended			

Type of service child is receiving, e.g. Speech Therapy, Occupational Therapy, etc.

PARENT INFORMATION

Father's Name		Cell Phone #	Mother's Name		Maiden Name	Cell Phone #
Home address/phone if different from applicant			Home address/phone if different from applicant			
Business or Profession			Business or Profession			
Title or Position			Title or Position			
Name of Employer			Name of Employer			
Business Address			Business Address			
Business Phone		E- Mail	Business Phone		E-Mail	
College	Degree	Year	College	Degree	Year	
Other education	Degree	Year	Other education	Degree	Year	

Applicant's Parents:

- Married Separated Divorced
- Single Deceased Remarried

How should we address correspondence? Be sure to include appropriate titles (Mr. and Mrs., Mr. and Dr.)

If you are separated or divorced, to whom should correspondence be sent:

- Mother only Father only Both parents

Who does the child reside with?

OTHER CHILDREN

Name	Age	School
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Name	Age	School
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Name	Age	School
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OTHER INFORMATION

Are you registered parishioners of the Church of St. Ignatius Loyola? Yes No

Has any member of your family attended SILDN Yes No If yes, please fill in below

Name	Relationship to applicant	School	Years
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Have any SILDN families referred you to us? Yes No If yes, please fill in below

Name

APPLICATION FEES \$75.00 (Non-refundable) payable to St. Ignatius Loyola Day Nursery

Is financial aid requested? Yes No
(Available to qualified full day students only)

Have you applied to SILDN before? Yes No

Signature	Date
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The space below is for any comments regarding your child's application. You may attach an additional sheet, if you wish.

The school admits students of any race, color, religion, national or ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the Nursery.