



Application for Admission

Tour Date: _____

Please include a non-refundable application fee of \$50.00. Return the completed application to Whatcom Day Academy. If you have any questions, please call the school office at (360) 312-1103.

Child's Last Name: _____ First: _____ Middle: _____

Age: _____ Date of birth: _____ Male Female Current School: _____

How did you hear about Whatcom Day Academy? _____

Parents/Guardians Information:

Parent #1

Parent #2

Name: _____

Name: _____

Marital Status: _____

Marital Status: _____

Do you have custody of the child? Yes No

Do you have custody of the child? Yes No

Street Address: _____

Street Address: _____

City, State, Zip: _____

City, State, Zip: _____

Employer: _____

Employer: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

E-mail: _____

E-mail: _____

Areas of Interest:

School Year 2011-2012

Extended Day Program _____

Preschool (3-4 Year Olds) Half Day Full Day

Summer Program 2011

Preschool (3-4 Year Olds) M-F T/Th M/W/F

Future School Year _____

Ethnic Background: (Please mark all applicable boxes. For anonymous state reporting purposes.)

African American

Native American

Asian American/Pacific Islander

Middle Eastern American

Hispanic/Latino American

Caucasian

Other _____

Multi-Ethnic _____

(please specify)

(please specify)

Whatcom Day Academy affords equal opportunity to all applicants and students without regard to race, gender, color, religion, family status, sexual orientation, disability, or national/ethnic origin.

For Office Use:

Check # _____ Amount Paid _____ Date Received _____