



Children's School Application

Date of Application: _____

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

Sex: _____ Birthdate: _____

Address: _____

City _____ State: _____ Zip Code: _____

Telephone Number: _____

Parent/Legal Guardian #1: _____ Occupation: _____

Parent/Legal Guardian #2: _____ Occupation: _____

List children in family from oldest to youngest: (Name and Birthdate)

Do any of your children attend the Children's School now or have attended in the past?

Previous Schools Attended (if applicable): _____

This Application is for the School Year Beginning September of: _____

Session Preference

Preschool

- | | |
|---|---|
| _____ Morning Program | _____ Morning Program with Extended-Day |
| _____ Afternoon Program | _____ Afternoon Program with Extended-Day |
| _____ Either Morning or Afternoon Program | _____ Either Morning or Afternoon Program with Extended-Day |

Kindergarten Program

_____ Kindergarten

Please enclose an application fee of \$50 made payable to CMU Children's School and mail with this application to:

Mrs. Jean Veltri Simpson
Children's School, MMC 17
Carnegie Mellon University
Pittsburgh, PA 15213