

# APPLICATION FORM

-Please Type or Print

## ST. CHRYSOSTOM'S DAY SCHOOL

1424 N. Dearborn Parkway

Chicago, Illinois 60610

312.642.3422

312.642.2518 fax

[dayschooloffice@stchryds.org](mailto:dayschooloffice@stchryds.org)

Megan Gagliardo – Interim Head of School

Judy Caraher – Head of School Emerita

Mary Ellen Christy - Founder

Please Attach a Recent  
Photograph of  
Applicant  
(OPTIONAL)

### STUDENT DATA

CHILD'S NAME: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(Last) (First) (MI)

Child's Preferred Name: \_\_\_\_\_ Female (F) Male (M) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

### CHILD'S MOTHER or PARENT #1

NAME: \_\_\_\_\_  
(Last) (First) (MI)

Profession or Title (If Applicable): \_\_\_\_\_

Company or Organization: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### CHILD'S FATHER or PARENT #2

NAME: \_\_\_\_\_  
(Last) (First) (MI)

Profession or Title (If Applicable): \_\_\_\_\_

Company or Organization: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

\_\_\_\_\_

# FAMILY DATA

Are you members of St. Chrysostom's Church? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(Two Year Prior to Application Date, Pledging and Communicant Member)

Have any family members attended St. Chrysostom's Day School? \_\_\_\_\_

<u>Siblings' Name</u>	<u>Siblings' Birthday</u>	<u>Siblings' School</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Marital Status of Parents: \_\_\_\_\_

Is child adopted? \_\_\_\_\_ If yes, age of adoption: \_\_\_\_\_ Has child been told? \_\_\_\_\_

Did child previously participate in a play group: \_\_\_\_\_ Hours per day: \_\_\_\_\_ # of days per week: \_\_\_\_\_

Please describe: \_\_\_\_\_

Did child previously attend another school: \_\_\_\_\_ Name of School: \_\_\_\_\_

Child's age at entrance: \_\_\_\_\_ Hours per day: \_\_\_\_\_ Number of days per week: \_\_\_\_\_

Please describe briefly the previous Sunday School or Day Camp experience your child has had: \_\_\_\_\_

Does your child have any special interest, abilities or handicaps: \_\_\_\_\_

Describe any illnesses, accidents and/or contagious diseases: \_\_\_\_\_

Was pregnancy full term? \_\_\_\_\_ Any birth complications? \_\_\_\_\_

If premature, is child being followed by a developmental therapist: \_\_\_\_\_

Does child have any allergies? \_\_\_\_\_

Name of child's Doctors: \_\_\_\_\_

Your Day School expectations and goals: \_\_\_\_\_

How did you hear about St. Chrysostom's Day School? \_\_\_\_\_

Please use the space below to indicate anything about your child, your family or yourself that you feel would have a significant bearing upon his/her school experience:

**SIGNATURE of PARENT or GUARDIAN**

PLEASE RETURN THIS APPLICATION TO:  
**ST. CHRYSOSTOM'S DAY SCHOOL**  
1424 N. Dearborn Parkway  
Chicago, Illinois 60610

A physical examination is required for every student accepted and enrolled in the Day School Program.

This examination must be dated after July 1<sup>st</sup> of the year they are enrolled.

