



# Application for Admission (Toddler) 2012-2013 School Year

## Child Information

**Child's Full Name (F,M,L):** \_\_\_\_\_

Child's Birth Date (MM/DD/YY): \_\_\_\_\_

Child's Exact Age on Oct. 15, 2012 (Ex. 4 years and 5 months): \_\_\_\_\_

Sex (Circle One): Male / Female      Last Academic Grade Completed: \_\_\_\_\_

Name of Prior School (if applicable): \_\_\_\_\_

Location of Prior School (city, country): \_\_\_\_\_

Years of Attendance at Prior School: \_\_\_\_\_ Phone# of Prior School: \_\_\_\_\_

Child's Cedula or Passport# \_\_\_\_\_ Citizenship: \_\_\_\_\_

Child's Ethnic Background (optional): \_\_\_\_\_

Child's Religion (optional): \_\_\_\_\_ Child's Primary Language(s) \_\_\_\_\_

## Family Information

**1. Parent/Guardian's  
Full Name (F,M,L):** \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Cedula or Passport# \_\_\_\_\_

Citizenship \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work# \_\_\_\_\_ Work hours \_\_\_\_\_

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

Home# \_\_\_\_\_ Cell# \_\_\_\_\_

E-mail Address \_\_\_\_\_

**2. Parent/Guardian's  
Full Name (F,M,L):** \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Cedula or Passport# \_\_\_\_\_

Citizenship \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work# \_\_\_\_\_ Work hours \_\_\_\_\_

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

Home# \_\_\_\_\_ Cell# \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Person(s) Residing with Your Child**

Full Name	Relationship to Child	Age	Student, Occupation, or Other

**Emergency Contacts**

Please list at least two contacts other than the parents/guardians who can be contacted in the event of an emergency.

**1.Name:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home# \_\_\_\_\_

Work# \_\_\_\_\_

Cell# \_\_\_\_\_

E-mail: \_\_\_\_\_

**2.Name:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home# \_\_\_\_\_

Work# \_\_\_\_\_

Cell# \_\_\_\_\_

E-mail: \_\_\_\_\_

**Brief Health Information**

**Child's Physician:** \_\_\_\_\_ **Phone#** \_\_\_\_\_

1. Please list any allergies the child has or may have and specify any diet restrictions \_\_\_\_\_

2. Please list any physical or behavioral impairments/restrictions the child may have. \_\_\_\_\_

3. Is there any significant medical history or personal trauma that Del Mar Academy should be aware of? \_\_\_\_\_

4. Has the child ever been subject to diagnostic evaluations (educational or psychological)? If so, please give details and attach any appropriate documents. \_\_\_\_\_

5. Are the child's immunizations up to date? If no, please explain. \_\_\_\_\_

1. What are the activities enjoyed most by your child?

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2. Does your child have any special needs or fears? If so, please describe.

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3. Describe your child's rhythm: (meals, nap time, story time, chores, etc)

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4. Describe the child's diet and eating habits (picky, eager, etc) from birth to present:

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5. Describe your child's play: (activities inside and out, social interactions with family and peers)

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6. Has your child had experience being away from you? If so, please describe reaction. If not, how do you think your child will react to school?

Yes  No \_\_\_\_\_

7. What languages are spoken at home? Please list the language(s) the child is most comfortable speaking:

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8. Are the child's parents divorced or separated? If yes, please indicate if there is any particular agreement or situation that Del Mar Academy should be aware of?

Yes  No \_\_\_\_\_

9. In which of the following areas are you able/willing to provide support to Del Mar Academy?

- |   |  |
|---|--|
| <input type="checkbox"/> Fundraising activities | <input type="checkbox"/> Playground supervision                            |
| <input type="checkbox"/> Field trips            | <input type="checkbox"/> Class parent                                      |
| <input type="checkbox"/> Computers/Library      | <input type="checkbox"/> Preparation of Materials                          |
| <input type="checkbox"/> Special events         | <input type="checkbox"/> Committees  |
| <input type="checkbox"/> Classroom volunteers   | <input type="checkbox"/> Coaching extra-curricular activities              |
| <input type="checkbox"/> Lunch volunteers       | <input type="checkbox"/> Other (talents, resources, interests, etc.) _____ |

### **Application Procedure**

Please ensure that the following information is included along with this fully completed and signed Application Form:

- Non-refundable application administration fee of \$100 US
- Copy of your child's birth certificate
- Copy of the parents' passport or cedula
- Copy of your child's passport or cedula
- Copy of your child's up-to-date immunization records
- Any evaluations (if applicable, submit individual education plans; academic, behavioral, and/or psychological evaluations)
- A notarized proof of custody or adoption (if applicable)
- Provide uniform size: Shirt \_\_\_\_\_ Shorts \_\_\_\_\_

Please note that this application does not guarantee a position for your child at Del Mar Academy, nor is the fee applied towards the tuition if your child is accepted. It will be kept on file and you will be contacted should a position become available. Del Mar Academy reserves the right to place children in the appropriate learning environment in order to maintain balanced classrooms with regards to quantity, age, sex, individual needs, and compatibility with our operational philosophy and the Costa Rican Ministry of Education mandates. Upon acceptance, you will be required to complete a contract outlining expectations and responsibilities. In addition, you will need to complete several registration forms for your child.

Del Mar Academy has a non-discriminatory policy with respect to race, color, religion, sexual orientation, and national origin.

Del Mar Academy considers the records of all individual students to be confidential information, available to a child's parent/guardian only upon request.

**The signature(s) below indicates that all information contained in this application is factually correct and honestly presented. The signature(s) below also indicates that you fully accept the school's policy that children cannot enter the first grade until they are six years and three months (6.3) old by October 15th. This policy is strictly enforced and complies with the regulations set forth by the Costa Rican Ministry of Education.**

\_\_\_\_\_  
Mother's Signature  
Date: \_\_\_\_\_

\_\_\_\_\_  
Father's Signature  
Date: \_\_\_\_\_

\_\_\_\_\_  
Guardian's Signature  
Date: \_\_\_\_\_

