



# Application for Admission Toddler Program School Year \_\_\_\_\_

Please drop off completed forms to the office at DMA, email it to: [delmaracademy@yahoo.com](mailto:delmaracademy@yahoo.com), or fax it to 2682-1211

## Child Information

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

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

Child's Exact Age on Oct. 15 (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 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.\_\_\_\_\_

\_\_\_\_\_

## Important questions

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 entering school?

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

7. Are there any languages, other than English, spoken at home? If yes, please list.

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

8. Are the child's parents divorced or separated? If yes, please indicate if there is any particular agreement or situation that DMA 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"/> Field trips          |
| <input type="checkbox"/> Playground supervision                            | <input type="checkbox"/> Computers            |
| <input type="checkbox"/> Involvement in the Parents' Guild                 | <input type="checkbox"/> Special events       |
| <input type="checkbox"/> Preparation of Materials                          | <input type="checkbox"/> Classroom volunteers |
| <input type="checkbox"/> Other (talents, resources, interests, etc.) _____ | <input type="checkbox"/> Lunch volunteers     |

**Application Procedure**

Please ensure that the following information is included along with this fully completed application:

- Non-refundable application administration fee of \$100 US
- Copy of up-to-date immunization records
- Copy of child's passport, government approved ID, or Cedula#
- Any documents involving educational or psychological evaluations (if applicable)

**Please choose one payment schedule:**       **Annual**       **Tri-annual**

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 school's operational philosophy and program mandates. Upon acceptance, you will be required to complete a contract outlining expectations and responsibilities. In addition, you will need to complete a Medical Record Form 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.

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

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

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