



Application for Admission (Toddler) _____ School Year

Child Information

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

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

Child's Exact Age on September 1st, of year of entry (Ex. 2 years and 8 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?

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

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

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

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

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:

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

- Playground supervision

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:_____