Serendipity Day School

124 Richmond SE, Albuquerque, NM 87106

Phone 505.255.7336

Fax

505.255.2390

$\underline{administration@serendipitydayschool.com}$

Application Form

Date of Application:		
Child's Name:		Date of Birth:
Parent or Guardian:		Phone #:
Home Address:		Zip Code:
Employer:		Business #:
Email Address:		
Parent or Guardian:		Phone #:
Home Address:		Zip Code:
Employer:		Business #:
Email Address:		
	Application for the	school year
Please number any/all so	chedule(s) that you would like to have co	nsidered in order of preference:
	Full Day 7:30 a.m. – 5:30 p.	m.
Monday-Friday	Monday, Wednesday, Friday	Tuesday, Thursday
Morning Schedule 7:30 a.m. – 12:30 p.m.		
Monday-Friday	Monday, Wednesday, Friday	Tuesday, Thursday
Will you be requesting E	CECD financial assistance for tuition payr	ments? Yes: No:
Is your child toilet traine	ed?	Yes: No:
Will your child require a	ny specific accommodations?	Yes: No:
• •	ne waitlist, please submit this form and a see is due upon acceptance to the program the or check.	• •
Please tell us how you le	earned about Serendipity Day School:	
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	For Administrative Use On	ly
Application fee \$	Date:	Accepted by:
Registration fee \$	Date:	Accepted by: