



New _____ Returning _____
Date Paid _____
1 2 3 4 5

CHURCH OF THE REDEEMER
PARISH DAY SCHOOL
5603 N. CHARLES ST., BALTIMORE, MD 21210
410 435-9510

APPLICATION FOR (Check one)

2 Day 2's (M, T)
 3 Day 3's (W, TH, F)
 5 Day 3's

APPLICATION DATE _____

Fours
 Kindergarten
 Pre First

Child's Name _____ Preferred Name _____
Birth Date _____ Sex _____
Pre School programs child has attended _____
Siblings _____ Siblings' D.O.B. _____
Have siblings attended the Parish Day School _____ Year _____

Mother's Name _____ Preferred Name _____
Home Address _____
City/State _____ Zip code _____
Home Telephone w/ Area Code (____) _____
Cell Phone/Beeper (circle one) (____) _____
Work Phone w/ Area Code (____) _____
E-Mail: _____

Father's Name _____ Preferred Name _____
Home Address _____
City/State _____ Zip code _____
Home Telephone w/ Area Code (____) _____
Cell Phone/Beeper (circle one) (____) _____
Work Phone w/ Area Code (____) _____
E-Mail: _____

Mailing Label Name(s) _____
Religious Affiliation _____ Name of Church _____

Signature _____

- Please provide all information requested above; incomplete applications will not be considered for admission.
- Please enclose a \$20.00 registration fee with application; make payable to Church of the Redeemer.
- If you wish to be considered for financial aid please call the office to request an application.