

**The Family Annex**  
**APPLICATION FOR ADMISSION**

*Please complete and return, along with an application fee of \$50, to:  
The Family Annex, 560 West 113<sup>th</sup> Street New York, N.Y. 10025*

**APPLICANT**

CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
(first) (middle) (last) (month) (day) (year)

ADDRESS \_\_\_\_\_  
(number and street) (apartment number) (city) (state) (zip code)

Please circle: Male/Female

Child's previous school or group experience

Name of school or program \_\_\_\_\_

Hour per day or week \_\_\_\_\_

Length of attendance \_\_\_\_\_

**FAMILY**

PARENT'S NAME \_\_\_\_\_  
Address (if different from child's)

PARENT'S NAME \_\_\_\_\_  
Address (if different from child's)

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

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

Position: \_\_\_\_\_

Position: \_\_\_\_\_

Employer & Business Address: \_\_\_\_\_

Employer and Business Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Business Telephone: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

OTHER CHILDREN IN THE FAMILY (not including the applicant):

Please continue on the other side

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ School: \_\_\_\_\_

AFFILIATION:

Is a parent affiliated with Columbia University? \_\_\_\_\_

If yes, who and what is the nature of the affiliation? \_\_\_\_\_

PROGRAMS:

Please indicate your preference of programs offered

**PRIORITY WILL BE GIVEN TO FULL DAY APPLICANTS; LIMITED PART TIME OPENINGS**

Days requested (Monday-Friday)

Hours: (8-5:45, 8-3:30, 8-12:45, 1-5:45)

Tuition Reduction:

Do you wish to apply for tuition reduction?

YES

NO

Are any foreign languages spoken at home? \_\_\_\_\_

How did you hear about The Family Annex? \_\_\_\_\_

Miscellaneous Comments:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FEE RECEIVED

DATE RECEIVED

TOUR DATE

\_\_\_\_\_