

FAMILY INFORMATION continued

Please list other children in the family

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|------------------------|----------------------|-------------------------|----------------------------|
| <i>Name of Sibling</i> | <i>Date of Birth</i> | <i>School attending</i> | <i>Attended MDS</i> Y N |
| <i>Name of Sibling</i> | <i>Date of Birth</i> | <i>School attending</i> | <i>Attended MDS</i> Y N |
| <i>Name of Sibling</i> | <i>Date of Birth</i> | <i>School attending</i> | <i>Attended MDS</i> Y N |

Child is currently cared for by: _____

Telephone: _____

Please provide additional information to help us know your child

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I/We give Madison Day School permission to contact the child's current caregiver/school for additional information if necessary. I/We understand that this form is not a binding contract and does not guarantee enrollment but places my/our child on record as an applicant.

Parent/Guardian Signature _____ *Date* _____

Parent/Guardian Signature _____ *Date* _____

Please drop-off or send Application along with a check for \$100 made payable to *Madison Day School* to:

Madison Day School
722 N. Henry Street
Alexandria, Virginia 22314

Madison Day School is an equal opportunity school that practices a non-discriminatory policy in its implementation of its program, admission, and employment. The school does not discriminate on the basis of race, color, national or ethnic religion, or physical disability in its administration of any of its policies.