



ST. IGNATIUS LOYOLA PRESCHOOL

240 East 84th Street
New York, NY 10028
Tel: (212)734 - 6427
Fax: (212)734 - 6972

APPLICATION FOR ADMISSION

Check program you wish to apply for:

_____ Full Day - 9:00 a.m. – 3:00 p.m.

Full Day Tuition

\$27,355 and an Annual \$1,350 Maintenance Fee per child**

_____ Half Day - 9:00 a.m. - 12:30 p.m.

Half Day Tuition

\$22,470 and an Annual \$1,350 Maintenance Fee per child**

***Effective the 2021-2022 School Year:**

Hours of the After School Program: 3:00 p.m. – 5:30 p.m.

After School Program Fee \$5, 500 for the school year September - June. **

****Listed tuition is for the current 2020-2021 school year.**

Attach Family

Photo Here

Have you applied to St. Ignatius Loyola Preschool previously? Yes No

Applicant Last Name First Name Middle Name

Age Date of Birth Place of Birth Birth Certificate # Religion

Home Address City State Zip Phone Number

PARENT INFORMATION:

Father's Name	Cell Phone & Email	Mother's Name	Maiden Name	Cell Phone & Email
Religion		Religion		
Home Address/Phone if different than applicant		Home Address/Phone if different than applicant		
Name of Employer & Business Address		Name of Employer & Business Address		
Title or Position		Title or Position		

APPLICANT'S PARENTS:

Married Separated Divorced Single Deceased Remarried

Who does the child reside with? _____

OTHER CHILDREN:

Name Age School

Name Age School

Name Age School

OTHER INFORMATION:

Are you registered parishioners of the Church of St. Ignatius Loyola? Yes No

Has any member of your family attended St. Ignatius Loyola Preschool? Yes No

If yes, please complete below.

Name Relationship to Applicant Year(s) Attended

SCHOOL INFORMATION: Please provide us with evaluations or reports from your child's current program or from services he or she is receiving.

Present School School Phone Number Dates Attended

School Address City State Zip

School(s) Previously Attended Date(s) Attended

TYPE OF SERVICE APPLICANT RECEIVES:

Speech Therapy Occupational Therapy Physical Therapy Other Please specify _____

Receives no service

APPLICANT HAS IEP: Yes No

APPLICATION FEES: \$175.00 (Non-refundable) via credit card
\$200.00 (Non-refundable) if applying from abroad via credit card

Parent's Signature _____ Date _____

Please submit application to smithd@saintignatiusloyola.org with completed Credit Card Authorization Form

The school admits students of any race, color, religion, national or ethnic origin.



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Credit Card Authorization Form

Name on Credit Card _____

Card Number _____

Card Expiration _____

Security Code _____

Billing Zip Code _____

Amount to charge \$175.00 for Student Application for 2021-2022____

Card Holder Signature _____

I hereby authorize St. Ignatius Loyola Preschool to charge my credit the above amount.