



# Mercymount Country Day School

35 Wrentham Road  
Cumberland, Rhode Island 02864  
401-333-5919

Application Fee for New Students \$150 (per family)  
Checks payable to *Mercymount*

## REGISTRATION APPLICATION\* School Year 2020-2021

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

Grade Entering: \_\_\_\_\_

*Please indicate your preference for the  
3 year old Program:*

2-day (Tues. Thurs.) \_\_\_\_\_

3-day (Mon. Wed. Fri.) \_\_\_\_\_

5-day \_\_\_\_\_

Child Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Telephone: ( ) \_\_\_\_\_ **Primary** Email: \_\_\_\_\_

Date of Birth \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Baptism (date) \_\_\_\_\_ Parish \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

First Communion (date) \_\_\_\_\_ Parish \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**Religion of:** Child \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_

Present Parish \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Present School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**The following materials are required to complete application:**

°Birth Certificate (**all grades**)                      °Baptism/Sacramental Certificates, if applicable (**all grades**)

°Most Recent Report Card (**Gr. 1-8**)                      °Standardized Testing Scores (**Gr. 4 - 8**)

°Early Elementary Screening (Child Outreach or Child Find) through your local school department (**K**)

**For Office Use:**

Registration Fee \_\_\_\_\_ Check # \_\_\_\_\_

Birth Certificate \_\_\_\_\_ Baptism Certificate \_\_\_\_\_ Last Report Card \_\_\_\_\_

Interview Date: \_\_\_\_\_ School Visit Date: \_\_\_\_\_

Screening: \_\_\_\_\_

**Father/Guardian Name:** \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_ Occupation/Title \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Work email: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home email: \_\_\_\_\_

Home Address (*ONLY if different than child*): \_\_\_\_\_  
Street City Town State/Zip

**Mother's Name:** \_\_\_\_\_ (Maiden Name) \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_ Occupation/Title \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Work email: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home email: \_\_\_\_\_

Home Address (*ONLY if different than child*): \_\_\_\_\_  
Street City Town State/Zip

**Person Responsible for Tuition/Relationship:** \_\_\_\_\_

Child Lives With: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other (Please specify) \_\_\_\_\_

Has your child received any special needs services or have they ever been recommended (*i.e. Speech, OT, Resource, Counseling, 504 Plan, IEP, etc.?*) Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please specify: \_\_\_\_\_

*(Please submit most recent copy of IEP or 504 Plan and any testing/evaluations, with the application, if applicable)*

Why are you interested in Mercymount for your child(ren)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for transfer (If applicable): \_\_\_\_\_  
\_\_\_\_\_