



Mercymount Country Day School

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

REGISTRATION APPLICATION* School Year 2021 - 2022

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

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): _____
