

# Banyan Day School

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## Waiting List Application

Today's Date \_\_\_\_\_ boy \_\_\_\_\_ girl Current Age \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Parent name \_\_\_\_\_

PHONE/CELL #s \_\_\_\_\_

Email(s) \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Has the child attended another school? yes \_\_\_\_\_ no \_\_\_\_\_ for how long? \_\_\_\_\_

Name of school \_\_\_\_\_

Is Child Toilet Trained? \_\_\_\_\_

Serious Illnesses the Child has/had \_\_\_\_\_

Allergies \_\_\_\_\_

Special Needs: (please circle) speech \_\_\_\_\_ physical \_\_\_\_\_ developmental \_\_\_\_\_ other \_\_\_\_\_

If any, please explain: \_\_\_\_\_

When do you want your child to start at BDS? \_\_\_\_\_

How did you hear about the school? \_\_\_\_\_

Child Lives with: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Parents are: (please circle) Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Other \_\_\_\_\_

#WE ♥ BDS