



PARKER'S PLACE – Park Slope APPLICATION FOR ENROLLMENT 2017 – 2018

Use this application only if you are applying for the school year beginning September 2017. This application may be used for mid-year entry for the same school year up until January of 2018. Refer to website for more information.

TODAY'S DATE _____

Tours are required for application. Please indicate the date/location of tour attended: _____

CHILD'S LAST NAME _____ FIRST _____ M.I. _____ NICKNAME _____

HOME ADDRESS _____

HOME PHONE _____ CHILD'S D.O.B. _____ GENDER _____

PARENT/GUARDIAN #1 NAME _____ OCCUPATION _____

WORK # _____ CELL # _____ EMAIL ADDRESS _____

PARENT/GUARDIAN #2 NAME _____ OCCUPATION _____

WORK # _____ CELL # _____ EMAIL ADDRESS _____

SIBLING(S) _____ AGE(S) _____

EMERGENCY CONTACTS (OTHER THAN PARENTS AND ONE MUST BE LOCAL)

NAME _____ PHONE _____ CELL _____

NAME _____ PHONE _____ CELL _____

REQUESTED SCHEDULE

Please circle your requested schedule and note any flexibility in the margins. Flexibility increases your chance of enrollment.

2 DAYS/WEEK M T W TH F (Circle preferred days)

3 DAYS/WEEK M T W TH F (Circle preferred days)

4 DAYS/WEEK M T W TH F (Circle preferred days)

5 DAYS/WEEK _____

Please indicate your desired pick-up time:

_____ 12:30pm (for first year students only) _____ 3:00-4:00pm _____ 4:00-5:00pm _____ 5:00-6:00pm

HOW DID YOU HEAR ABOUT US? (Please indicate if you are a current or past family)

HAS YOUR CHILD HAD ANY PREVIOUS PRESCHOOL OR GROUP EXPERIENCE AND IF SO, WHERE?

IF NOT, WHO PRIMARILY TAKES CARE OF YOUR CHILD DURING THE DAY? _____

WHAT IS YOUR CHILD'S FIRST LANGUAGE? _____

DO THEY SPEAK ANOTHER LANGUAGE AND IF SO, WHICH ONE? _____

HAS YOUR CHILD EVER BEEN EVALUATED BY THE NYC EARLY INTERVENTION PROGRAM AND IF SO,

DOES YOUR CHILD RECEIVE ANY SPECIAL SERVICES, I.E., SPEECH/LANGUAGE THERAPY,
OCCUPATIONAL OR PHYSICAL THERAPY? _____

IS YOUR CHILD TOILET-TRAINED? _____

DOES YOUR CHILD HAVE ANY ALLERGIES? _____ IF SO, PLEASE EXPLAIN:

PARENT SIGNATURE _____ DATE _____

APPLICATIONS CAN BE MAILED TO: Olive Treehouse Group, 1517 10th Avenue, Brooklyn NY 11215 with a \$105 non-refundable application fee payable to THE OLIVE TREEHOUSE GROUP, LLC. (Current students MUST fill out an application but do not need to pay the fee and they can drop off application at school). Submitting an application with fee does not guarantee your child's space in a school. Admission is granted based on the order in which applications were received, requested schedule (flexibility helps) and the maintenance of both gender and age ratios. Applications will stay on file until March 2018 unless you notify us to withdraw your application.

Statement of Non-Refundable Deposit

After a child is accepted to Parker's Place a \$1000 non-refundable deposit is necessary in order to secure a place for your child on the class list. This deposit will be credited towards tuition fees. There will be no partial refunds of deposits or exceptions made to this policy.

ALL TUITION PAYMENTS ARE NON-REFUNDABLE.

You will receive our handbook with complete policies and the annual contract *prior* to your first tuition payment made on June 1, 2017.

<p>For Office Use Only</p> <p>Application Fee _____ Date Rec'd _____</p> <p>Schedule Offered:</p> <p>Deposit Received _____ Date Rec'd _____</p>	<p>Additional Notes:</p>
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