



## RORY'S ROOM – Windsor Terrace APPLICATION FOR ENROLLMENT 2018 – 2019

Use this application only if you are applying for the school year beginning September 2018. This application may be used for mid-year entry for the same school year up until January of 2019. 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 DROPPED OFF OR MAILED TO: Rory's Room, Attn: Ashley Sobel, 3003 Fort Hamilton Pkwy, Brooklyn NY 11218 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 2019 unless you notify us to withdraw your application.

**Statement of Non-Refundable Deposit**

After a child is accepted to Rory's Room 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, 2018.**

<p><b>For Office Use Only</b></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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