



**PARKER'S PLACE – Park Slope (7<sup>th</sup> Avenue)  
APPLICATION FOR ENROLLMENT 2023 – 2024**

*Use this application only if you are applying for the school year beginning September 2023. This application may be used for mid-year entry for the same school year up until January of 2024. 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 \_\_\_\_\_ RELATION \_\_\_\_\_ CELL \_\_\_\_\_

NAME \_\_\_\_\_ RELATION \_\_\_\_\_ 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      \_\_\_\_\_ 3:00-4:00pm      \_\_\_\_\_ 4:00-5:00pm

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 AT OR MAILED TO:** Parker's Place, Attn: Ryan Shaps, 428 7<sup>th</sup> Ave, Brooklyn NY 11215 with a \$100 non-refundable application fee payable to 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 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 2024 unless you notify us to withdraw your application.

***Statement of Non-Refundable Deposit***

After a child is accepted to Parker's Place a \$2500 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.

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