



Date Received: \_\_\_\_\_

**Creative Steps Early Care and Education Center  
4 Washington Square Village, New York, NY 10012**

**Admission Application for 2019-2020**

*Please include a check made payable to "UNIVERSITY SETTLEMENT" for \$50 along with your application. These dollars will be earmarked for a financial assistance fund.*

Child's Name: \_\_\_\_\_

Child's D.O.B: \_\_\_\_\_ Child's Gender: M \_\_\_\_\_ F \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_

Home Address (including zip code): \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Occupation & Name of Employer: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_

Home Address (including zip code): \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Occupation & Name of Employer: \_\_\_\_\_

**Scheduling Options by Age (as of December 2019):**

3 year olds: \_\_\_\_\_ Five Days (Monday-Friday, 9 a.m.-3 p.m.)  
\_\_\_\_\_ Other, please indicate preference \_\_\_\_\_

12 months through 2 year olds:  
\_\_\_\_\_ Five Days (Monday-Friday, 9 a.m.-3 p.m.)  
\_\_\_\_\_ Three Days (Monday, Wednesday, & Friday, 9 a.m.-3 p.m.)  
\_\_\_\_\_ Two Days (Tuesday & Thursday, 9 a.m.-3 p.m.)  
\_\_\_\_\_ Other, please indicate preference \_\_\_\_\_

<b>Arrival Time:</b>	<b>9:00 a.m.</b>	<b>8:30 a.m.</b>	<b>8:00 a.m.</b>
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
<b>After-School:</b>	<b>3-4 p.m.</b>	<b>3-5 p.m.</b>	<b>3-6 p.m.</b>
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

See Over

Date Received: \_\_\_\_\_

Please answer the following questions:

1. Does your child have any siblings? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list their name(s), age(s), and any previous or current school experience.

\_\_\_\_\_

2. How did you learn about Creative Steps? \_\_\_\_\_

\_\_\_\_\_

3. Has your child ever had school experience? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the name of the current or former school and include any pertinent information about yours and your child's experience or schedule.

\_\_\_\_\_

\_\_\_\_\_

4. A limited amount of funding for needs-based financial assistance is available. Please indicate if you wish to apply for assistance.

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Is there anything else you would like to tell us about your child, including special needs, recent changes, concerns you have about your child's development, etc.? Please explain.

\_\_\_\_\_

\_\_\_\_\_

6. Does your child have any allergies?

\_\_\_\_\_

7. Is your child bilingual? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which language(s)? \_\_\_\_\_

8. Name, phone # and address of your child's pediatrician:

\_\_\_\_\_

\_\_\_\_\_

Please list 2 emergency contacts other than yourself: Please include names, relationship to child and all contact information. **This will only be used if your child is accepted to the school.**  
**We use this base form as the start-up for their file.**

1. \_\_\_\_\_

2. \_\_\_\_\_

*Please note: This application is considered confidential. All information provided in this application will only be seen by Creative Steps staff. Information will not be shared with any outside parties.*

See Over