



Date _____

PARK SLOPE NORTH/HELEN OWEN CAREY CDC
71 Lincoln Place Brooklyn, NY 11217
718-638-4100

ADMISSION APPLICATION FOR 2018-2019

APPLICATIONS FOR PRIVATE (PVT) SEATS:

Please include, with your application, a non-refundable check for \$25 made payable to "University Settlement". These dollars will be earmarked for enrichment programming for all classrooms.

APPLICATIONS FOR ACS, HRA AND/OR UPK-ONLY SEATS:

No application fee.

CHECK ONE:

____ PVT ____ ACS ____ HRA ____ UPK ONLY ____ UPK/WA/PVT ____ UPK/WA/ACS

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/Employer: _____

Parent/Guardian 2: _____

Home Address (including zip code): _____

Email: _____ Cell Phone #: _____

Home Phone #: _____ Work Phone #: _____

Occupation/Employer: _____

Schedule Options:

4 year olds (Five Days)

____ UPK only (9 am – 3:20 pm; September – June) FREE UPK SERVICES

(NO APPLICATION FEE NECESSARY FOR UPK ONLY APPLICATIONS)

____ Wrap around hours before and after UPK hours

(8 am- 9 am and 3:20 pm – 5:45 pm) plus July & August (8 am – 5:45 pm)

3 year olds

____ Five Days (Monday-Friday 8 am – 5:45 pm)

2 year olds

____ Five Days (Monday- Friday 8 am – 5:45 pm)

Please note: *This application is considered confidential.
All information provided in this application will only be seen by Park Slope North/Helen Owen Carey staff.
Information will not be shared with any outside parties.*

PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING YOUR CHILD:

1. Does your child have any siblings? Yes _____ No _____
If so please list their name(s) and age(s)

2. 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.

3. 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.

4. Does your child have any allergies? If so, please list:

5. Is your child bilingual? Yes ____ No ____

If yes, which language(s)? _____