

NYU Affiliation? Yes ___ No ___
Current or Alumni? _____
Which Department _____
After School? Yes ___ No ___
of Days you would like _____

Washington Square Village
Creative Steps Playgroup
Application 2008-2009

Child's Name _____

Child's D.O.B _____

Address _____

Parent Name _____

Home Address _____

Home Phone # _____

Business Phone # _____

Cellular Phone # _____

Email Address _____

Parent Name _____

Home Address _____

Home Phone # _____

Business Phone # _____

Cellular Phone # _____

Email Address _____

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 so please list the name of the former school as well as a
contact person at the school.*

*3~ Does your child have any disabilities that we need to be
aware of?
If so, please explain.*

*4~ Does your child have any allergies that we need to be
aware of?*

*5~ Is your child bilingual? Yes _____ No _____
If yes, what language s? _____*

6~ Name, phone # and address of your child's pediatrician-

Please list 2 emergency contacts other than yourself. Please include names and all necessary 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.

APPLICATIONS ARE DUE ON WEDNESDAY, JANUARY 16, 2008
ANY APPLICATIONS RECEIVED AFTER THE 16TH WILL BE PLACED
ON THE WAITING LIST.

THERE IS A \$50 NON-REFUNDABLE APPLICATION FEE.

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.