



2017-18 PRESCHOOL APPLICATION

THIRD STREET MUSIC SCHOOL SETTLEMENT

235 EAST 11TH STREET · NEW YORK, NY 10003
T 212-777-3240 · F 212-505-2520 · www.thirdstreetmusicschool.org

Date _____

- A \$60.00 application fee must accompany this application. The application fee is waived for financial aid applicants.
- Please include a current photograph of your child. It will help us to better remember him or her.
- After we receive your application, we will contact you to make an appointment for a tour and play visit.
- **This application is due no later than January 9, 2017.**

STUDENT INFORMATION

LAST NAME	FIRST NAME	DATE OF BIRTH (mm/dd/yy)	Male	Female
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FAMILY INFORMATION

PARENT NAME	LAST NAME	FIRST NAME		
ADDRESS	STREET	APT. #	CITY	STATE ZIP
PRIMARY TELEPHONE	E-MAIL ADDRESS			
OCCUPATION/PLACE OF BUSINESS	ALTERNATIVE TELEPHONE			
PARENT NAME	LAST NAME	FIRST NAME		
ADDRESS	STREET	APT. #	CITY	STATE ZIP
PRIMARY TELEPHONE	E-MAIL ADDRESS			
OCCUPATION/PLACE OF BUSINESS	ALTERNATIVE TELEPHONE			

If your child does not live with both parents, please describe your family situation:

SIBLING NAME	AGE	SCHOOL ATTENDING	THIRD STREET CLASSES ATTENDED

PLEASE INDICATE THE PRESCHOOL PROGRAM THAT YOU ARE APPLYING TO:

<p>HALF DAY PROGRAMS</p> <p>Half Day Two/Threes (min. age: 2.5years)</p> <p><input type="radio"/> 8:30 a.m. — 11:00 a.m. 5 days: Mon. — Fri. \$16,850</p> <p><input type="radio"/> 11:30 a.m. — 2:00 p.m. 5 days: Mon. — Fri. \$16,850</p> <p>Half Day Three/Fours</p> <p><input type="radio"/> 9:00 a.m. — 12:30 p.m. 5 days: Mon. — Fri. \$18,850</p> <p><input type="radio"/> 12:30 p.m. — 4:00 p.m. 5 days: Mon. — Fri. \$17,850</p>	<p>FULL DAY PROGRAMS</p> <p>Full Day Three/Fours</p> <p><input type="radio"/> 9:00 a.m. — 3:00 p.m. 5 days: Mon. — Fri. \$23,500</p> <p>Full Day Fours</p> <p><input type="radio"/> 9:00 a.m. — 3:30 p.m. 5 days: Mon. — Fri. \$24,250</p>
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HOW DID YOU LEARN ABOUT THIRD STREET PRESCHOOL?

BRIEFLY DESCRIBE YOUR CHILD'S PERSONALITY AND INTERESTS:

HAS YOUR CHILD HAD PREVIOUS SCHOOL OR GROUP EXPERIENCE? IF SO, PLEASE DESCRIBE IT HERE.
DID YOUR CHILD ATTEND WITH A PARENT OR CAREGIVER, OR ON HIS/HER OWN?

PLEASE DESCRIBE ANY ASPECT OF YOUR CHILD'S MEDICAL OR DEVELOPMENTAL HISTORY THAT WOULD BE
USEFUL FOR US TO KNOW, INCLUDING SERVICES RECEIVED:

LIST ANY LANGUAGES YOUR CHILD SPEAKS OTHER THAN ENGLISH:

ARE YOU APPLYING FOR TUITION ASSISTANCE? No Yes Visit www.nais.org to set up your account.

FOR OFFICE USE ONLY

DATE RECEIVED

CURRENT CLASS

APPLICATION FEE