



# THE RED BALLOON

## EARLY CHILDHOOD LEARNING CENTER

560 RIVERSIDE DRIVE

NEW YORK, NY 10027

TEL: 212-663-9006

FAX: 212-932-0190

E-MAIL: [RBDCC@AOL.COM](mailto:RBDCC@AOL.COM)

WEBSITE: [WWW.REDBALLOONLEARNINGCENTER.ORG](http://WWW.REDBALLOONLEARNINGCENTER.ORG)

### APPLICATION FOR ADMISSION

Child's name \_\_\_\_\_

Date of birth \_\_\_\_\_

Parent name \_\_\_\_\_

Social Security # \_\_\_\_\_

Home address \_\_\_\_\_

\_\_\_\_\_

\*please include apt. # and zip code

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

E-mail address: \_\_\_\_\_

Place of employment \_\_\_\_\_

Parent name \_\_\_\_\_

Social Security # \_\_\_\_\_

Home address \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

E-mail address: \_\_\_\_\_

Place of employment \_\_\_\_\_

Does child associate with both parents? \_\_\_\_\_

Are you a former parent at the Red Balloon? If yes, when?

\_\_\_\_\_

Are you or your spouse affiliated with Columbia University?

\_\_\_\_\_

List all other relatives living in your household ...

Name \_\_\_\_\_ Relationship to child

\_\_\_\_\_

\_\_\_\_\_

**Previous child care experience history:**

Has your child been left with a babysitter? \_\_\_\_\_

How often? \_\_\_\_\_

Play group experience? \_\_\_\_\_

Did a parent stay at the play group? \_\_\_\_\_

Preschool/Day Care experience? \_\_\_\_\_

Where? \_\_\_\_\_

When? \_\_\_\_\_

Why have you chosen to change your childcare to the Red Balloon?

\_\_\_\_\_

What are your expectations for this experience?

\_\_\_\_\_

What language(s) are spoken at home & what language does your child speak? \_\_\_\_\_

\$ 1,925/month Full time (4 - 5 days, 8-6 pm) 2 yr. old

\$ 1,675/month Full time (4 - 5 days, 8-6 pm) 3& 4 yr. old

\$ 1,075/month Part time (3 days, 8-6 pm)

\$ 875/month Part time (2 days, 8-6 pm)

\_\_\_\_\_ Full time ( M-F, 8-6 pm ) through the Agency for  
Child Services \_\_\_\_\_ ACS with a weekly fee of \$ \_\_\_\_\_

\_\_\_\_\_ ACS Voucher with a weekly fee of \$ \_\_\_\_\_

\*Tuition Fees are subject to change.

\* ALL APPLICATIONS MUST BE ACCOMPANIED BY AN APPLICATION FEE OF \$ 25.00 WHICH IS NON-REFUNDABLE.

\* THERE WILL ALSO BE AN ACTIVITY FEE DUE UPON ACCEPTANCE INTO THE PROGRAM OF \$ 150.00 PER SEMESTER ( DUE SEPTEMBER 1 & FEBRUARY 1 )

\* THERE WILL ALSO BE A PARTICIPATION FEE DUE UPON ACCEPTANCE INTO THE PROGRAM OF \$150.00 PER SEMESTER (DUE SEPTEMBER & FEBRUARY)

\* A ONE AND A HALF MONTH DEPOSIT IS REQUIRED UPON STARTING OUR PROGRAM AND WILL BE APPLIED TO YOUR LAST MONTH'S FEE.

\* PLEASE NOTE THAT FILLING OUT THIS APPLICATION DOES NOT GUARANTEE ACCEPTANCE INTO OUR PROGRAM AND WE OFTEN HAVE A WAITING LIST (ESPECIALLY FOR ACS SPOTS) SO PLEASE ASK ABOUT THE STATUS OF YOUR APPLICATION SO YOU MAY ARRANGE ADEQUATE CARE FOR YOUR CHILD UNTIL WE DO HAVE SPACE.

\* ALL PAPERWORK MUST BE COMPLETED WITHIN 5 SCHOOL DAYS BEFORE YOUR CHILD IS SCHEDULED TO ENTER THE RED BALLOON.