



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

WEBSITE: WWW.REDBALLOONLEARNINGCENTER.COM

APPLICATION FOR ADMISSION

Child's name: _____

Date of birth: _____

Parent name: _____

Home address: _____

Home phone: _____

E-mail address: _____

Place of employment: _____

Parent name: _____

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 _____

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 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?

\$2,100/month Full time (4-5 days, 8-6 pm) 2 year old

\$1,800/month Full time (4-5 days 8-6 pm) 3& 4 yr. old

\$1,200/month Part time/Full day (3 days, 8-6 pm)

\$975/month Part time/Full day (2 days, 8-6 pm)

* If you will be requesting financial aid please note and we will need your W2 for previous year to determine eligibility.

* 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.