



APPLICATION FOR ADMISSION 2019 – 2020 School Year

How to apply:

1. We invite you to come on a tour of our school to learn more about our philosophy and program.
2. Please complete a separate application for each child.
3. Please submit the following forms by **December 14, 2018**:
 - Application
 - Non-refundable processing fee of \$50
 - Financial aid form (if applicable)
4. Admissions decisions will be sent to families on **February 1, 2019**.
5. Signed contracts and deposits are due **February 11, 2019**.

Financial Aid

We are pleased to offer limited financial assistance to our families. If you would like more information, or a Financial Aid application, please email Nohelia Redondo at nredondo@mannycantor.org



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Child's Name (please print) _____ Date of Birth: _____ Gender: _____
First Last

Parent/Guardian

Parent/Guardian (if applicable)

Name _____

Address _____

Home Phone # _____

Cell Phone # _____

E-mail _____

Occupation _____

Employer _____

Relationship to child _____

Family Size _____

Child lives with _____

Which language(s) do you speak at home? _____

Please list any siblings, their ages, and where they attend school _____

Describe any group experience your child has had, including any drop-off programs _____

Describe your community involvement _____

Tell us about your child _____

Tell us about your family _____

How did you hear about our program? _____

Household income*

<\$20k \$21-35k

\$36-55k \$56-90k

\$90-150k >\$150k

*This information will not be used to determine eligibility for admission and is kept strictly confidential.

2019-2020 Program Offerings

Please check applicable age group and schedule preferences:

- | | |
|--|---|
| <input type="checkbox"/> Infants** 3-8 months (DOB 1/1/19 – 6/1/2019) | <input type="checkbox"/> Toddlers** 9-20 months (YOB 2018) |
| ___ M-F, 8:30am-6pm | ___ M-F, 8:30am-6pm |
| ___ MWF, 8:30am-6pm | ___ MWF, 8:30am-6pm |
| ___ T/TH, 8:30am-6pm | ___ T/TH, 8:30am-6pm |

- | | |
|--|---|
| <input type="checkbox"/> 2's** (YOB 2017) | <input type="checkbox"/> 2's* (YOB 2017) |
| ___ M-F, 8:30am-6pm | ___ M-F, 8:30am-3pm |
| | ___ T/TH, 8:30am-3pm |
| | ___ MWF, 8:30am-3pm |
| | ___ Extended Day (3-6pm) |

- 2's Together** (YOB 2017)

With parent/caregiver from Sept-Dec, gentle separation and children attend on their own from Jan-June. Class meets **Tuesday & Thursday mornings**, beginning with an hour together and slowly transitions to 9am-12pm by February.

- | | |
|--|--------------------------|
| <input type="checkbox"/> 3's* (YOB 2016, 10 Months) | |
| ___ M-F, 8:30am-3pm | ___ Extended Day (3-6pm) |
| ___ T/TH, 8:30am-3pm | |
| ___ MWF, 8:30am-3pm | |

- | | |
|---|--------------------------|
| <input type="checkbox"/> Universal Pre-K* (YOB 2015) | |
| ___ M-F, 8:40am-3pm | ___ Extended Day (3-6pm) |

We are proud to offer FREE full day PreK as a community partner with the NYC Department of Education. Our application fee is waived for those applying to UPK and a formal application for enrollment will be made available by the DOE in Spring 2018. **Please note that Extended Day programs are fee based and have limited availability.**

Signature or Parent or Guardian _____

*Program runs for 10 months **Program runs for 11 months

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Payment Authorization

I _____ authorize the Educational Alliance to charge my

(Please print)

credit card **\$50** for the EA Preschool application fee for my child _____

(Child's Name)

MasterCard

Visa

Credit Card Number: _____ Exp. Date: _____ / _____

Cardholder's Name (as it appears on card): _____

Home # _____ Cell # _____

Signature _____ Date _____

Please make checks payable to: Educational Alliance Preschool **Memo:** EA Preschool Application 19-20

Mail or deliver to: Educational Alliance Preschool
197 East Broadway, 3rd Floor Preschool
New York, NY 10002

Email (with scanned signature) to Nohelia Redondo, nredondo@mannycantor.org