



studio creative play

APPLICATION FOR ENROLLMENT

Name of Child 1: _____

Address/Telephone: _____

Date of Birth/Current Age: _____ Male Female

Program: _____

Days + Time Availability: _____

SIBLING/Name of Child 2: _____

Date of Birth/Current Age: _____ Male Female

Program: _____

Days + Time Availability: _____

Name of Parent 1: _____

Address, City, and ZIP: _____

Telephone/E-mail: _____

Name of Parent 2: _____

Address, City, and ZIP _____

(if different from Parent 1)

Telephone/E-mail: _____

PLEASE ENCLOSE \$45.00 APPLICATION FEE

Checks made payable to: Studio Creative Play
You will be notified once your application is received.

Please mail to: **Studio Creative Play 123 Seventh Avenue PMB #109 Brooklyn, New York 11215**
718 623 2775 info@studiocreativeplay.org

1.) How did you learn of Studio Creative Play?

2.) Is the child for whom you are applying enrolled in any child-care facilities, preschools, or other arts-based programs? If so, how many hours of the week do they attend these programs?

3.) Please give a brief personality description of each child for whom you are applying. Be sure to mention strong likes or dislikes, developmental advances or delays, or environments or activities in which the child thrives or seems less inspired. Knowledge of strong or unique preferences is useful in understanding how children might individually process information, learn, and create. Feel free to contribute more information on an attached sheet.

4.) SCP nurtures the child's creative learning, as well as the child, parent, and caregiver relationship around creativity. Please offer what is most appealing about Studio Creative Play and the program for which you are applying. Why is it important that your child and family participate? What do you aspire to learn and experience in the program?
