

# Bank Street Infant Toddler Parent Playgroups

## Applicant Information

For Academic Year: **2015-2016** Date of Birth: MM/DD/YYYY \_\_\_\_\_ Age as of September 1 of the Academic Year: \_\_\_\_\_

First Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Gender: M ☐ F ☐

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip: \_\_\_\_\_

**Additional Information:** 1. Is your child adopted? Yes ☐ No ☐ 2. If so, at what age? \_\_\_\_\_ 3. In what country was your child born? \_\_\_\_\_

4. What is the primary language spoken in your child's home? \_\_\_\_\_

5. Does your child speak or understand any language other than English? \_\_\_\_\_

## Parent / Guardian 1 Information (Primary contact/parent who resides with the child)

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

Occupation: \_\_\_\_\_ Job Title: \_\_\_\_\_

Business Name/Address: \_\_\_\_\_

Are you Bank Street Faculty/Staff? Yes ☐ No ☐

**Please complete all of the information below and check preferred method of contact**

Business Telephone: \_\_\_\_\_ Business Email: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Home Email: \_\_\_\_\_

## Parent / Guardian 2 Information

Same home address as Applicant? Yes ☐ No ☐

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

Home Address (if different than child): \_\_\_\_\_ Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Job Title: \_\_\_\_\_

Business Name/Address: \_\_\_\_\_

Are you Bank Street Faculty/Staff? Yes ☐ No ☐

**Please complete all of the information below and check preferred method of contact**

Business Telephone: \_\_\_\_\_ Business Email: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Home Email: \_\_\_\_\_

### Sibling Information

Name	Date of Birth	Present School	Current Grade
1. _____			
2. _____			
3. _____			

### Additional Information

How did you hear about our playgroups? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Short Answer Questions (If necessary, use a separate piece of paper to answer the questions)

- Does your child receive Early Intervention services? \_\_\_\_\_
- Describe your child's general health. \_\_\_\_\_
- What are you, as parents, hoping to gain from the Infant Toddler Parent Playgroups? \_\_\_\_\_
- In what ways would you like to see the playgroups influence your child's growth next year? \_\_\_\_\_
- With what aspects of your child's development are you most pleased? \_\_\_\_\_
- What aspects of your child's development do you find challenging? \_\_\_\_\_
- What are your child's favorite activities? Favorite toys, games, books, music? \_\_\_\_\_

**Parent / Guardian Signatures**

Parent/Guardian 1 \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_ Date \_\_\_\_\_

Bank Street College of Education  
Attn: Family Center — Infant Toddler Parent Playgroups  
610 West 112th Street  
New York, NY 10025

Bank Street College has an historical and philosophical commitment to encourage diversity in our student body, staff, and programs. As a matter of policy and as required by law, we do not discriminate in admissions decisions or in any educational program or activities on the basis of color, creed, ethnicity, disability, gender, age, marital status, or sexual preference.