

Child's Current School	Address	Phone Number
Dates of attendance	From	To
Program / Grade		

SIBLING INFORMATION

Child's First Name	Middle	Last Name
Gender	Date of Birth and Current Age	Date of Application

Did your child attend any of Studio Creative Play's programs?

If so, which ones – and for which age group?

APPLYING FAMILY/CHILD QUESTIONS:
Feel free to contribute more information on an attached page.

1.) How did you learn of Roberts Field and what inspired you to apply for your child and family?

2.) What aspects of the Roberts Field educational approach and philosophy are the most appealing to you?

3.) What is the most unique part of your child's personality? How and when is your child the most curious, engaged, and expressive?

4.) Name three things that your child is passionate about.

5.) What are your child's greatest strengths and their most consistent challenges in relationship to how they participate in family life, school, and extracurricular activities?

6.) Does your child have an IEP and/or any special needs we should be aware of?

7.) What is your vision for how your family and child would connect, thrive, and grow through being part of our school and community?

8.) Will your family be applying for financial aid?

Yes _____ No _____

Please enclose a \$50.00 non-refundable application fee.
You will be notified promptly once your application has been received.

Please make checks payable and mail your application to:

**Studio Creative Play
123 Seventh Avenue PMB 109
Brooklyn, New York 11215**

You can also submit your form digitally or email it to admissions@robetsfieldschool.org
Payments can be made via PayPal: payments@studiocreativeplay.org

**admissions@robetsfieldschool.org
718-623-2775**