

**The Language Workshop For Children. Language Immersion Preschool
APPLICATION . 2010-11 SCHOOL YEAR. ALL LOCATIONS**

Child's Last Name _____ First Name _____ Gender _____ Birth Date _____ Exact Age 09/10

PLEASE COMPLETE A SEPARATE FORM FOR EACH CHILD

Parent Last Name _____ First Name _____ Home Phone _____ Business/Day Phone _____ Cell Phone _____

Parent Last Name _____ First Name _____ Home Phone _____ Business/Day Phone _____ Cell Phone _____

Street Address / Apt _____ City _____ State _____ Zip Code _____

Email Address _____ **PLEASE BE VERY CLEAR. WE NEED YOUR EMAIL ADDRESS FOR NOTIFICATIONS.**

**PLEASE FAX OR MAIL THIS FORM WITH A \$50 APPLICATION FEE
ONLY TO THE LWFC OFFICE BELOW:**

The Language Workshop for Children, 888 Lexington Ave., New York 10065 • (F) 212/396-1372

PROGRAM	LOCATION	LANGUAGE 1	# DAY(S)	DAY(S)	SESSION
[X] Language Immersion Preschool	[] NYC Main (East 66 th)	[] Spanish	[] 1-Day	[] Monday	[] Full School Year
	[] Montclair	[] French	[] 2-Days	[] Tuesday	Half School Year
	[] Madison	[] Italian	[] 3-Days	[] Wednesday	[] Sept-Jan
	[] Manhasset	[] Chinese		[] Thursday	[] Jan-Jun
				[] Friday	
	LOCATION	LANGUAGE 2	# DAY(S)	DAY(S)	
	[] NYC Main (East 66 th)	[] Spanish	[] 1-Day	[] Monday	[] School Year
	[] Montclair	[] French	[] 2-Days	[] Tuesday	Half School Year
	[] Madison	[] Italian	[] 3-Days	[] Wednesday	[] Sept-Jan
	[] Manhasset	[] Chinese		[] Thursday	[] Jan-Jun
				[] Friday	

Check One:

- [] Please find a check payable to The Language Workshop for Children in the amount of \$50,
[] Please charge my \$50 application fee to the card below:

Cardholder Name _____ Billing Zip Code _____ Today's Date _____

Card Number _____ Security Code _____ Expiration Date _____

- (1) Has your child participated in the LWFC's **French for Tots, Spanish for Tots, Italian for Tots** or **Chinese for Tots**? [] Yes [] No
If no, do you plan to enroll your child at the LWFC before September, 2010? [] Yes [] No
If yes, at what age did your child start? _____ How many sessions has he or she completed? _____
- (2) Has your child participated in another language immersion toddler program? [] Yes [] No
If yes, please specify language and program name _____
At what age did your child start? _____ How many sessions did he or she complete? _____
- (3) Is English your child's first language? [] Yes [] No
If no, what is your child's first language? _____

(continue on next page)

(4) In what other program(s) has your child participated? Starting at what age? Was your child enthusiastic about them? Was he reluctant? Please describe his experience(s).

(5) What are your child's strengths?

(6) What are your child's weaknesses or sensitivities?

(7) Will your child need medication administered at the LWFC preschool? Yes No

If yes, please specify and detail _____

(8) Does your child have allergies that could affect him at the LWFC preschool? Yes No

If yes, please specify and detail _____

(9) Does your child have other physical, emotional, psychological, or developmental concerns that could affect him at the LWFC preschool? Yes No

If Yes, please specify and detail _____

(11) Is there anything else that tells us about your child's readiness to participate in a language immersion preschool?
