|  |
| --- |
| Start dates: |



**Enrollment Application.**

Date:

**Child’s Name**:

Birth Date : Age: Sex:

Home Address: City/State/Zip:

**Mother’s Name** Employer: Work Phone: Cell Phone: Home Phone:

E-mail:

**Father’s Name** Employer: Work Phone: Cell Phone:

E-mail:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Extended Day 7:30 – 5:45 | | | | | Full Day 9 – 2:30 | | | | Morning 9 -12 | | |
|  | **2days** | **3days** | 4 days | 5 days | **2 days** | **3days** | **4days** | **5 days** | **3 days** | **4 days** | **5 days** |
| **Toddlers**  16 months to 24 months |  |  |  |  | xxxx |  |  |  |  |  |  |
| **Steppingstone**  2-3years | xxxx |  |  |  | xxxx |  |  |  |  |  |  |
| **Primary I**  3- to 5 years | xxxx |  |  |  | xxxx | xxxx |  |  | xxxx | xxxx |  |
| **Primary II**  4.5 to 6 years | xxxx |  |  |  | xxxx | xxxx |  |  | xxxx | xxxx | xxxx |

For 2, 3,4, or 5-day programs select preference…. Circle M T W Th F

Does your child have any siblings? If so, please state names, ages and whether they live in your child’s

household or another.

What would you like us to know about your child? (Temperament, learning style, socialization style)

Language spoken at home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Status of Parents: Married Separated Divorced Single

# If separated or divorced, what are the visitation arrangements for your child? (*attach copy of court document*)

If there has been a custody decision, please list the name(s) of persons **NOT PERMITTED** to pick up your child from school.

Please list below, in preferential order, anyone other than yourself who has authorization to pick up your child. These individuals will be contacted in an urgent situation including medical or weather emergency, in the event that neither parent can be reached.

Name: Relationship:

Phone: Cell: Name: Relationship: Phone: Cell:

Previous childcare experience:

School Name: School Name:

Dates: Dates:

Health Care Provider: Phone:

# Parent Signature: Print Name:

**A non-refundable deposit of $250.00 is due at the time the application is submitted.**

Somerset Hills Montessori School

173 Madisonville Road, PO Box 109

Basking Ridge, NJ 07920

Shms1@verizon.net

Phone: 908-2210797