

Milestones Preschool

2025-2026 New Student Application

Child's Name: _____

Child's Birthday: _____

Parent 1 Name: _____

Parent 1 E-mail: _____

Parent 1 Cell Phone: _____

Occupation: _____

Parent 2 Name: _____

Parent 2 E-mail: _____

Parent 2 Cell Phone: _____

Occupation: _____

Home Address: _____

Siblings (names and ages): _____

How many days a week are you interested in your child attending Milestones?

2 days a week

3 days a week

5 days a week

Allergies? If yes, please specify.

Yes ☐ No ☐

Separation Experience?

Yes ☐ No ☐

Toilet Trained?

Yes ☐ No ☐

School Visit Request:

Please visit our website at www.milestonesuws.com/tours to view our virtual tour or to schedule a school visit!

Please submit this application via e-mail to debbie@milestonesuws.com or mail it to us at 319 West 74th Street, 2A, NY, NY 10023.