

MONTE TOTS PRE-SCHOOL APPLICATION FORM

For Office Use:
Start date _____
End date _____

School year registering for: _____

Child's Name: _____ M/F: _____ Age: _____ Date of Birth: _____

Nickname (if any): _____

Mailing Address: _____ Town: _____ Zip: _____

Street Address: _____ Preferred _____

Email Address: _____ Telephone: _____

Parent #1/Legal Guardian: _____ Occupation: _____

Employer: _____ Bus. Phone: _____ Cell Phone: _____

Parent # 2/Legal Guardian: _____ Occupation: _____

Employer: _____ Bus. Phone: _____ Cell Phone: _____

EMERGENCY CONTACT: In case of emergency when parents cannot be contacted, we may contact:

Name: _____ Relationship to child: _____ Phone: _____

Child's Doctor: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Names of people, other than parents, who may pick up your child from school:

Please list anyone who **is not** to pick up your child:

Names, ages and relationships of other members of your household:

Does your child have allergies, or are there foods he/she should not eat for any reason?

Has your child previously, or is he/she currently seeing a doctor for an extended period of time for medical or psychological reasons or receiving any services (i.e. speech, OT, PT)? If yes, please explain.

PLEASE CHECK SESSION(S) YOU WISH TO ENROLL YOUR CHILD IN:

_____ 5 Days/Week 8:30 am – 3:30 pm (M-F \$250) _____ 3 Days/Week 8:30am-3:30pm (M/W/F \$200) _____ 2 Days/Week 8:30-11:30 or :830am-3:30pm (T/TH \$125) _____ (T/TH \$150)

Special Requests (Attach note, if preferred): _____

I hereby certify that, to the best of my knowledge, my child is physically and mentally able to participate in all the activities of the Monte Tots Pre-School. I understand and agree to the arrangements for payment of tuition.

Parent/Legal Guardian Signature: _____ Date: _____