

# MONTE TOTS TODDLER CENTER APPLICATION FORM

For Office Use: Start date _____ End date _____
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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:

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:** (Please also indicate a backup choice.)

### **Regular Schedule**

\_\_\_\_\_ 4/5 Days/Week 8:30am-3:30 pm \_\_\_\_\_ 3 Days/Week 8:30am-3:30pm \_\_\_\_\_ 2 Days/Week 8:30am-3:30pm  
(*\$350/Week*) (*\$250/Week*) (*\$175/Week*)

### **Extended Schedule**

\_\_\_\_\_ 4/5 Days/Week 7:30am-5:30 pm \_\_\_\_\_ 3 Days/Week 7:30am-5:30pm \_\_\_\_\_ 2 Days/Week 7:30am-5:30pm  
(*\$400/Week*) (*\$300/Week*) (*\$225/Week*)

**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: \_\_\_\_\_