



Montessori Enrichment Center

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STUDENT REGISTRATION FORM

FOR OFFICE USE ONLY DATE RECEIVED _____

FEE PD AMT _____ CHK # _____ SESSION R ET3 ET2 LT3 LT2 FULL K

CHILD'S NAME	NICKNAME	SEX
ADDRESS		CITY / ZIP CODE
PHONE	DATE OF BIRTH	AGE AS OF 9/1
PARENT'S NAME		OCCUPATION
BUSINESS NAME		PHONE
EMAIL		CELL PHONE
PARENT'S NAME		OCCUPATION
BUSINESS NAME		PHONE
EMAIL		CELL PHONE
ADDRESS		
EMERGENCY CONTACT NAME	ADDRESS	PHONE / CELL
PHYSICIAN'S NAME		
ADDRESS		PHONE
PERTINENT MEDICAL INFORMATION		ALLERGIES? MEDICATIONS?
COMMENTS WHICH WOULD HELP US MEET YOUR CHILD'S INDIVIDUAL NEEDS / FAVORITE ACTIVITIES / TOILET TRAINED / YOUR HOBBIES & INTERESTS:		

PLEASE CHECK THE SESSIONS DESIRED BY INDICATING ORDER OF PREFERENCE - #1, #2, ETC.

<p>PRIMARY PROGRAM – 3 to 6 YR OLDS</p> <p>_____ MORNING SESSION 9 a.m. - 11:30 a.m. (M-F)</p> <p>_____ FULL DAY SESSION 9 a.m. - 3:00 p.m. (M-F)</p> <hr/> <p>_____ KINDERGARTEN PROGRAM*</p> <p>11:30a.m. - 3:00 p.m. (M-F)</p> <p><i>* For students 5 yrs. of age. Must include a morning session</i></p>

<p>_____ EARLY SCHOOL CARE 8:00 a.m. - 9:00 a.m. (M - F)</p> <p>_____ AFTER SCHOOL CARE 3:00 – 5:30p.m. (M - F)</p>

<p>TODDLER PROGRAM – 2 to 3 YR OLDS</p> <p>_____ 3 DAY (MWF) 8:45 a.m. - 11:30 a.m.</p> <p>_____ 2 DAY (T, TH) 8:45 a.m. - 11:30 a.m.</p> <hr/> <p>FULL DAY TODDLER SESSION - 8:45 a.m. - 3:00 p.m.</p> <p>_____ 2 DAY (T TH)</p> <p>_____ 3 DAY (MWF)</p> <p>_____ 5 DAY (MON - FRI)</p>

SIGNATURE _____ DATE _____

A \$65 Application Fee is required and not refundable

Please remit all payments to our P.O. Box