



Montessori Enrollment Application

Five morning program 9:00 a.m. until 12:00 p.m.

Five full days 9:00 a.m. until 3:15 p.m.

Will your child need additional hours?

Before Care **After Care until 5:00 p.m.**

(7:45 – 9:00 a.m.) **After Care until 6:30 p.m.**

Date of Application _____

Child's Name _____ Sex _____

Address _____ Birthdate _____

_____ Home Phone _____

Child's Nickname _____

Father's Name _____

Mother's Name _____

Occupation _____

Occupation _____

Company Name _____

Company Name _____

E-Mail address _____

E-Mail address _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Sibling's Name _____

Birthdate _____ Sex _____ Age _____

Sibling's Name _____

Birthdate _____ Sex _____ Age _____

Sibling's Name _____

Birthdate _____ Sex _____ Age _____

Child's Doctor _____

Doctor's Phone # _____

Doctor's Address _____

Persons authorized to pick-up child and/or contact in case of an emergency if neither parent is available:

Name _____

Name _____

Relationship _____

Relationship _____

Address _____

Address _____

Phone _____

Phone _____

Are there any special talents or interests that your child has? _____

For the purpose of planning our holiday projects, please list celebrated holidays and religious affiliations.

Are there any areas of concern or special information relevant to your child that we should be aware of?

Does your child have any special dietary restrictions?

Allergies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Medical Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Detailed medical information must be provided on a separate Medical Form
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Signature of Parent or Guardian

Date

If parents are separated or divorced, please complete the following:

Name of parent **not** living with child _____

Address of parent **not** living with child _____

Phone _____

Any additional information _____

PLEASE ENCLOSE \$40 REGISTRATION FEE, PLUS ONE MONTH'S **NON-REFUNDABLE** ADVANCE TUITION FOR JUNE'S PAYMENT. THIS PAYMENT IS APPLIED TO THE **LAST MONTH OF THE SCHOOL YEAR.**

MAIL COMPLETED APPLICATION TO:

KEYBOARD KIDS, 6-10 TOWNE CENTER DR., NORTH BRUNSWICK, NJ 08902

TEL # 732-821-1400