



Application 2015-2016

Please place a small photo of your family here

Child's Name: _____ Known As: _____
Last Name First Name Middle

Date of Birth: _____ Gender: Girl Boy Age as of 9/1/2015: _____

Home Address: _____
Street Apt City State Zip

Parent(s)

Parent: _____
Name: _____
Employer: _____
Occupation: _____
Work Phone: _____
Email: _____
Cell Phone: _____

Parent: _____
Name: _____
Employer: _____
Occupation: _____
Work Phone: _____
Email: _____
Cell Phone: _____

Sibling Name: _____ Age: _____ School: _____
_____ Age: _____ School: _____
_____ Age: _____ School: _____

Please list any programs or group activities your child currently attends:

How did you hear about Montclare Children's School? _____

Program Choices (please indicate preference)

2-Year-Olds

3-Year-Olds

4-Year-Olds

- 2 Mornings 8:45-11:45am \$13,900
- 3 Mornings 8:45-11:45am \$16,900
- 5 Mornings 8:45-11:45am \$26,700

- 5 Afternoons 1:00pm-4:00pm \$12,550

- 5 Full-Days 8:30am-2:30pm \$31,600

Will you be applying for financial aid? Yes No

Please return this application with a \$120 (\$20 for siblings or financial-aid applicants) non-refundable fee payable to:
Montclare Children's School, 747 Amsterdam Avenue, NY, NY 10025.

Please fill out the reverse side of the application

Please briefly answer the following questions. Your answers will help us begin to get to know your child.

Briefly describe your child's personality. What activities does your child enjoy most?

Describe your child's speech and use of language. Is your child bilingual? If so, what languages are spoken at home?

Describe your child's general health:

How does your child respond to new situations?

Describe any separation experiences your child has had:

Is there any other information about your child that you would like us to know?