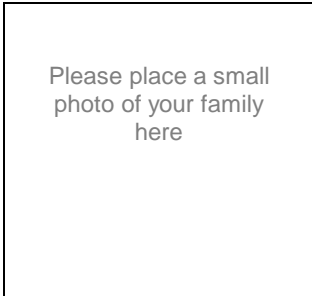




Application January Two's 2018
January 16th - June 7th, 2018



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

Date of Birth: Gender: Girl Boy Age as of 1/1/2018:

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)

- Tuesday & Thursday, 8:35 am-10:35 am \$6,500
Tuesday & Thursday, 1:20 pm-3:20 pm \$4,500

This program is available for children who will be turning two between November 1st, 2017 and April 30th 2018

Play Session Date Preference Monday, June 26th (Morning) or Friday, June 30th (Morning) or Other

Please return this application with a \$75 (\$20 for siblings) 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?