

NEW HORIZONS MONTESSORI

PO Box 3588, Princeton, NJ 08543

Montgomery Campus

Tel: (609) 252-9696

Princeton Junction Campus

Tel: (609) 275-8666

Director: Mrs. Shaheen Syed

Academic Year: 20__ - 20__

Campus: PJ / Montgomery (circle one)

ENROLLMENT APPLICATION

Date of Enrollment _____ Starting Date: _____
 Child's Name: _____ Male Or Female _____
 Current Age: _____ Age on start date: _____ Date and Place of Birth: _____
 Address: _____ City _____
 State _____ Zip _____ School District Residing in: _____

Home Phone Number: _____
 E-mail address (Print) _____

Languages spoken at home: _____

Status of parents: Married ___ Separated ___ Divorced ___ Single ___ Widowed ___

If separated or divorced, what are the visitation arrangements for your child?

If there has been a custody decision, please list the name(s) of persons **NOT PERMITTED** to pick up your child from the school _____

IDENTIFICATION & EMERGENCY INFORMATION

Mother's Name: _____
 Mother's Address: _____ Cell# _____
 Place of Employment: _____ Work Phone: _____
 Employment Address: _____

Father's Name _____
 Father's Address: _____ Cell# _____
 Place of Employment: _____ Work Phone: _____
 Employment Address: _____

Child's Physician: _____
 Physician's Address: _____ City: _____ Sate/Zip _____
 Physician's Phone: _____

Sibling's Name _____ Age _____
 Sibling's Name _____ Age _____
 Sibling's Name _____ Age _____

Has the child attended pre-school/daycare before: **Y** or **N**.? If yes, where and for how many days/hours per week _____ How long has he/she been attending? _____

From whom did you hear about New Horizons Montessori _____

Friend ___ Colleague ___ Neighbor ___ Newspaper Name ___ Yellow Pages ___ OpenHouse ___

Please list below, in preferential order, anyone other than yourself who has authorization to pick your child. These individuals will be contacted in an urgent situation including medical emergency, in the event that neither parent can be reached.

Name: _____ Relationship _____

Business Phone: _____ Home Phone: _____ Cell: _____

Name: _____ Relationship _____

Business Phone: _____ Home Phone: _____ Cell: _____

Name: _____ Relationship _____

Business Phone: _____ Home Phone: _____ Cell: _____

MEDICAL RELEASE FORM

I hereby grant permission for my child to use all of the play equipment and participate in all physical activities conducted at the school.

In the event of an extreme medical emergency, as deemed by the director or acting director, paramedics or medical personnel will be notified IMMEDIATELY to initiate medical attention for the child. All efforts will be made to notify the parents or guardian or persons named above for emergency contact, immediately.

Due to insurance regulations, injured or ill children must be transported to a hospital, when necessary, by paramedics or ambulance. The child cannot be transported by school transport or school personnel.

Upon immediate need for medical attention for your child the undersigned hereby gives consent to X-ray examinations, anesthetics, medical or surgical diagnosis or treatment, and hospital care to be rendered to said minor upon the advice of a physician and/ or surgeon licensed under the provisions of the Medical Practice Act.

Signature of parent or guardian responsible for payment for medical services rendered :

X _____

If separated or divorced, both parent signatures needed:

X _____

Medical Authorization for (Child) _____

Please attach a current copy of your child's immunization records. If your child's immunization schedule is not up to date in accordance with his/her age, please attach an explanation from your physician.

Please Let Us Know.....

What are your child's eating habits? _____

How long does your child usually nap? _____

Does your child have any special blankets to sleep with? _____

What is your child's favorite snack? _____

Is there anything you do not want your child to have for snack? (Sweets, ice cream etc.) _____

Does your child have special needs? _____

Circle six of the following words that best describe your child:

*Orderly sensitive playful curious attentive artistic tireless confident reserved quiet talkative gentle helpful
individualistic headstrong amusing dreamer responsible*

Does your child enjoy playing alone, or does he/she always prefer the company and attention of other adults or children?

What activities/toys does your child most enjoy? _____

List three words that come to mind as his/her strengths? _____

How would you rate your child's capacity to follow instructions? _____

What type of milk and juice does your child drink? _____

Has your child been toilet trained? _____

Is your child prone to any of the following? Answer (Y/N) _____

Ear infections _____ High Fevers _____ Convulsions _____
Colds _____ Allergies _____ Rashes _____ Allergic to specific medication _____

**Does your child have any medical history of illness or medications?
(i.e. seizures, high fevers, etc.) Please explain:**

Special Instructions/Comments...

Enrollment Commitment

Campus: *PJ / Montgomery (circle one)*

I am enrolling my child _____ (age) _____ at New Horizons Montessori for the following program.

Please check the chosen program and which extended hours, if needed.

Age Group: ___ Infant (**Montg only**) (2 months-18 months) ___ Pre-primary (18 mos-3yr old) ___ Primary (3yr-5yr old) ___ Kindergarten (5yr – 6 yr old)

Attendance chosen:

| Please check appropriate option/Days | Mon | Tue | Wed | Thu | Fri |
|--|------------|------------|------------|------------|------------|
| Full Day 8:30 am – 3:30 pm | | | | | |
| Full Day Extended 7:30 am – 6 pm | | | | | |
| Half Day- Morning session 8:30 am – 11:30 am | | | | | |
| Half Day- Afternoon session 12:30 pm- 3:30 pm | | | | | |
| Half Day (AM/PM) with Lunch 8:30 am- 12:30 pm | | | | | |
| Half Day with Early Morning care 8 am-11:30 | | | | | |
| Half Day with extra afternoon care 12:30 – 6 pm | | | | | |
| Extra Care/After School (3:30 – 6pm) - Other Hours, please specify | | | | | |
| Infant- Half Day (7:30a –12:30p or 12:30-6 pm) Montg only | | | | | |
| Infant- Full Day (7:30 am – 6:00 pm) Montg only | | | | | |

By signing this form I am committing to enroll my child for a full academic year program that starts in September of year _____ and ends in June _____ (actual date notified in the school calendar).

I understand that my child’s monthly tuition installment calculation is based on a full academic year; quoted and payable in installments on a monthly or trimester basis, for ease of payment; the monthly installment is not based on the number of attendance days in each month; some months will have more attendance days than others; full tuition is due regardless of the number of days my child actually attends school; there are no refunds for missed days, whatever the reason, nor will there be compensatory days for absence; and that the deposit will be applied towards the last academic month’s attendance. It is non-refundable after acceptance for registration has been completed, and will not be used for other adjustments of dues.

I understand that New Horizons Montessori may discontinue my child’s enrollment at any time if it determines that my child’s behavior is detrimental to the well-being of other students/staff.

I agree to follow the school policies as described in the Parent Handbook, including the school calendar.

I am enclosing a check for the registration fee of \$50 (new students only) and the deposit payment (equivalent to one installment of the annual tuition fee).

If parents are separated or divorced, both parent signatures are needed.

Parent’s Signature: _____ Date _____
 Print Name: _____
 Tel:(H) _____ (O) _____ © _____

Parent’s Signature: _____ Date _____
 Print Name: _____
 Tel:(H) _____ (O) _____ © _____

Who may we thank for your choosing New Horizons Montessori: Yellow Pages /Newspaper /Google /Friend /Other.