

<b>NEW HORIZONS MONTESSORI</b>	
PO Box 3588, Princeton, NJ 08543	
<b>Montgomery Campus</b>	<b>Princeton Junction Campus</b>
Tel: (609) 252-9696	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: \_\_\_\_\_ Home Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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: \_\_\_\_\_ State/Zip \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

Sibling's Name \_\_\_\_\_ Age \_\_\_\_\_

Sibling's Name \_\_\_\_\_ Age \_\_\_\_\_

Sibling's Name \_\_\_\_\_ Age \_\_\_\_\_

Student Enrollment Form

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 \_\_\_\_\_

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 \_\_\_\_\_

**Special Instructions/Comments...**

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(For Office Use)

Date App Received: \_\_\_\_\_

Class Assigned: \_\_\_\_\_

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**Enrollment Commitment**

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 mos-18 mos)     Pre-primary (18 mos-3yr old)     Primary (3yr-5yr old)     Kindergarten (5yr – 6 yr old)

**Attendance chosen:**

**Please check appropriate option/Days**

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 (8:30am – 1: 30 pm) <b>Montg only</b>					
Infant- Full Day ( 7:30 am – 6:00 pm) <b>Montg only</b>					

I have opted to pay the annual tuition on  Trimester basis (**PJ only**)     Monthly basis. Please check the tuition fee schedule for the correct amount(s).

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, however, it can be applied to the last month of attendance in case of early withdrawal, provided a month’s advance notice is given in writing to the school; 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).

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.