

**MONTESSORI ENRICHMENT CENTER**

29 Newbury Road  
Howell, NJ 07731  
(732) 364-2244  
Fax: 363-4371

**FOR OFFICE USE ONLY**  
DATE APPLICATION RECEIVED \_\_\_\_\_  
Fee Paid Amt. (\_\_\_\_\_) CHECK # \_\_\_\_\_  
Session: R ET3 ET2 LT3 LT2 F K

**REGISTRATION FORM**

(Please check the sessions desired by indicating order of preference — #1, #2, etc.)

- Morning Session 9:00 am—11:30 am Monday thru Friday. #( )
- Afternoon Session 12:30 pm—3:00 pm Monday thru Friday #( )
- Full Day Session 9:00 am—3:00 pm Monday thru Friday #( )
- Kindergarten Program (5 year olds) 11:30 am—3:00 pm Monday thru Friday\* #( )
- \* (Must also include a morning session)
- Three Day **Early** Morning Tot Program 8:45 am—10:15 am Mon., Wed. & Friday #( )
- Two Day **Early** Morning Tot Program 8:45 am—10:15 am Tuesday & Thursday #( )
- Two Day **Late** Morning Tot Program 10:30 am—12:00 pm Tuesday & Thursday #( )
- Three Day **Late** Morning Tot Program 10:30 am—12:00 pm Mon., Wed. & Friday #( )
- After School Care 3:00 pm—5:30 pm Monday thru Friday #( )
- Early School Care 8:30 am—9:00 am Monday thru Friday #( )

**(PLEASE PRINT)**

Child's Name \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Nickname \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age (as of 9/1) \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Business Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Address \_\_\_\_\_

Hobbies, Interests \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Business Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Address \_\_\_\_\_

Hobbies, Interests \_\_\_\_\_

Emergency Information When Parents Cannot Be Reached: Name \_\_\_\_\_

Emergency Address \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Address \_\_\_\_\_

Name(s) of other child(ren):

_____	_____	_____	_____
(Name)	(Age)	(Name)	(Age)

Previous Group Experience:

Is your child toilet trained? \_\_\_\_\_ Left Handed? \_\_\_\_\_ Right Handed? \_\_\_\_\_

Please list some of your child's favorite activities

Comments which would help us meet your child's individual needs

Signature \_\_\_\_\_ Date \_\_\_\_\_

A \$25.00 application fee is required and is not refundable.