



MILESTONES MONTESSORI OF DAYTON

364 Georges Rd, Dayton, NJ 08810 | (732) 200-7343
saritha@milestonesmontessori.us | milestonesmontessori.us

ENROLLMENT APPLICATION

Page 1 of 2

CHILD'S FULL NAME: _____ DATE OF BIRTH: _____ ENROLLMENT DATE: _____

PARENT / GUARDIAN INFORMATION

PARENT / GUARDIAN #1 ■ Primary

Name: _____

Relationship to Child: _____

Cell Phone: _____

Home Phone: _____

Home Address: _____

Employer Name: _____

Employer Phone: _____

Employer Address: _____

Email Address: _____

PARENT / GUARDIAN #2 ■ Primary

Name: _____

Relationship to Child: _____

Cell Phone: _____

Home Phone: _____

Home Address: _____

Employer Name: _____

Employer Phone: _____

Employer Address: _____

Email Address: _____

EMERGENCY CONTACTS

Persons authorized to pick up your child and/or contact in emergency if neither parent is available.

Contact #1

Name: _____

Relationship: _____

Cell Phone: _____

Home Phone: _____

Employer Phone: _____

Contact #2

Name: _____

Relationship: _____

Cell Phone: _____

Home Phone: _____

Employer Phone: _____

Contact #3

Name: _____

Relationship: _____

Cell Phone: _____

Home Phone: _____

Employer Phone: _____

CUSTODY INFORMATION

Name of person PROHIBITED from picking up your child: _____

If a non-custodial parent has been denied access by court order, please submit documentation for the center to maintain on file.

PERMISSIONS

WALKING TRIPS within the center's neighborhood:

- ☐ I GIVE permission for my child to participate in walking trips.
- ☐ I DO NOT give permission for my child to participate in walking trips.

PHOTOGRAPHY during normal program hours, field trips, or activities:

- ☐ I GIVE permission for my child to be photographed (may be used in print/online promotion).
- ☐ I DO NOT give permission for my child to be photographed.



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RECEIPT OF POLICIES

I/We attest that all information on this application is accurate, and that I/we have received the following:

- ☐ Center Policies and Procedures
- ☐ Information to Parents Document
- ☐ Policy on the Expulsion of Children from Enrollment
- ☐ Policy on the Use of Technology and Social Media
- ☐ Policy on the Management of Illnesses / Communicable Diseases
- ☐ Policy on the Release of Children
- ☐ Policy on the Methods of Parental Notification of Injuries (if applicable)

Other:

Other:

MEDICAL INFORMATION

Child's Health Care Provider:

Health Care Provider Phone:

Health Care Provider Address:

Name of Insurance Company / HMO:

Group #:

Identification #:

Subscriber's Name on Insurance Card:

Known Allergies (including medication):

Medication(s) My Child is Currently Taking:

Special Conditions, Disabilities, Medical/Physical Restrictions, or Emergency Medical Information:

HEALTH STATEMENT

As the parent/guardian of the above named child, I certify that he/she is in good physical health and may participate in the normal activities of the program and has no conditions or specific needs that require specific accommodations, unless otherwise indicated in the medical information provided above or an attached Universal Health Record or a Care Plan for Children with Special Health Needs.

Parent/Guardian Initials

EMERGENCY TREATMENT AUTHORIZATION

As the parent(s)/legal guardian(s) of the above named child, I/we attest that the information above is correct. I/we authorize the child care center staff to obtain emergency treatment for my child and understand that I/we shall be promptly notified.

Parent/Guardian Initials

SIGNATURES & DATE

Parent / Guardian Signature #1:

Date:

Signature

Signature

Parent / Guardian Signature #2:

Date:

Signature

Signature