



## Child Enrollment Application



3 year old



4 year old

Date \_\_\_\_\_

### Child Information

Child's Name \_\_\_\_\_ Sex \_\_\_\_M \_\_\_\_F  
Last First

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Child's Birthday \_\_\_\_\_

Choice of Schedule \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-time \_\_\_\_\_ Combination

Address \_\_\_\_\_ Ward # \_\_\_\_\_  
Street

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

### Mother/Caregiver Information

Name of Mother/Caregiver \_\_\_\_\_

Address (if different from above) \_\_\_\_\_  
Street City

Name, Place of Business and Title \_\_\_\_\_  
Business Name Title

Street \_\_\_\_\_ City \_\_\_\_\_ E-Mail \_\_\_\_\_

Home Phone # \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_

### Father/Caregiver Information

Name of Father/Caregiver \_\_\_\_\_

Address (if different from above) \_\_\_\_\_  
Street City

Name, Place of Business and Title \_\_\_\_\_  
Business Name Title

Street \_\_\_\_\_ City \_\_\_\_\_ E-Mail \_\_\_\_\_

Home Phone # \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_

### Emergency Contact Information

**\*\*Important: Persons Authorized to pick up child and/or contact in event of EMERGENCY if parent/caregiver is not available (names/phone #'s must be different than any name/phone #'s on application):**

Name \_\_\_\_\_ Name \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Relation to Child \_\_\_\_\_ Relation to child \_\_\_\_\_



Tuition assistance

I would like to request: \_\_\_\_yes \_\_\_\_no

Extended Care

\_\_\_\_both AM and PM \_\_\_\_AM only \_\_\_\_PM only

**Custodial Information:** If a non-custodial parent is not authorized to pick-up your child, please explain below and attach appropriate documentation. {Court Order}

Doctor  
Information

Doctor's Name \_\_\_\_\_

Doctor's Address \_\_\_\_\_

Doctor Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Important Information & Signatures

### IMPORTANT INFORMATION FOR OUR RECORDS

My child is being or has been evaluated and is receiving or has received services from an early intervention program or a child study team. ☐ No ☐ Yes- If yes, please check all that apply below:

- ☐ Currently being evaluated ☐ Has been evaluated in the past ☐ by Montclair Public Schools DLC  
☐ Currently receiving services ☐ Has received services in the past ☐ by a private institution

Please state any helpful information: \_\_\_\_\_

The goal at Montclair Community Pre-K is to be representative of the racial and ethnic composition of Montclair. To assist us in our efforts to reach this goal, and for record keeping purposes, please complete any and all of the categories that apply:

\_\_\_\_ Alaskan Native/ Native American      \_\_\_\_ Latino/Hispanic      \_\_\_\_ Other  
\_\_\_\_ Multi –Racial      \_\_\_\_ African-American  
\_\_\_\_ Asian/Pacific Islander      \_\_\_\_ White/Caucasian

In the event that a medical emergency occurs, I authorize Montclair Community Pre-K to seek emergency medical care for my child as deemed necessary by the Director.

\_\_\_\_ Date      \_\_\_\_ Signature(s)

I have received the *Information to Parents statement*.

\_\_\_\_ Date      \_\_\_\_ Signature(s)

**For Office Use Only** FD\_\_\_\_ AA\_\_\_\_ SG\_\_\_\_ SM\_\_\_\_ **Monthly Payment:** \_\_\_\_\_

Tuition Assistance: ☐ Yes ☐ No

Proof of Birthday: ☐ Yes ☐ No

Start Date: \_\_\_\_\_

Extended Care: ☐ AM ☐ PM ☐ Both

DLC student: ☐ Yes ☐ No

Classroom #: \_\_\_\_\_

Choice of session: ☐ 5 Full ☐ 5 Half ☐ Combo \_\_\_\_full: M TU W TH F \_\_\_\_half: M TU W TH F

Residency Verification: 1 \_\_\_\_\_ 2 \_\_\_\_\_

3 \_\_\_\_\_ 4 \_\_\_\_\_

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

**NOTICE OF NONDISCRIMINARY POLICY AS TO STUDENTS:** The Montclair Community Pre-K admits students of any race, color, national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic or other school-administered programs.