

Child's Name: _____ DOB: _____ Age (as of September 1): _____



The Peace Rose Montessori School

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APPLICATION FOR ADMISSION Preschool-Kindergarten (Ages 3-6)

Child's Name: _____

Address (Street): _____

City/State/Zip: _____

Home Phone: _____

Parent 1's Name: _____

Employer Name & Address: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Parent 2's Name: _____

Employer Name & Address: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Child Lives With _____ Other Children in the Family (Names & Ages) _____

Tell us a little about your child such as their likes, dislikes, personality traits or anything else that may help us get to know your child better. How do you calm them when they are upset?

Child's Name: _____ DOB: _____ Age (as of September 1): _____

Any special Needs (medications, allergies, physical, emotional and/or other) that we should be aware of to better understand your child.

Child's Doctor Name: _____ Phone: _____

Address: _____

Emergency Contact Name: _____ Phone: _____

Relationship to child: _____

How did you hear out about us? (please check one)

- Sign in front of building
- Other Sign (Location:) _____
- Diner Ad
- Newspaper name: _____
- Magazine name: _____
- Other: _____

Please indicate the program you are interested in: (please check all that apply)

5 FULL DAYS 8:45am-3:15am _____ *Before Care 7am-8:45am* _____

5 HALF DAYS 8:45am-11:45am _____ *After Care 3:15pm-6pm* _____

3 FULL DAYS (M, T, W--8:45am-3:15am) _____

3 HALF DAYS (M, T, W--8:45am-11:45am) _____