



UNION HILL DAY SCHOOL

A Montessori School

ENROLLMENT FORM

| Office Use Only | |
|--------------------------|---|
| <input type="checkbox"/> | Registration Form Check # _____ Date: _____ |
| <input type="checkbox"/> | Emergency Card |
| <input type="checkbox"/> | Health Form |

Date: _____

CHILD'S NAME: _____ BIRTHDAY: _____ SEX: _____
Last Name First Name Middle

ADDRESS: _____ PHONE: _____
Street City State Zip

ALLERGIES/HANDICAPS: _____

MOTHER Marital Status: _____

| | |
|---|----------------------------|
| NAME: _____ <small>Last Name First Name Middle</small> | Home Phone: _____ |
| Home Address: _____ <small>(If Different Than Child)</small> | Cell Phone: _____ |
| Place of Employment: _____ | E-Mail: _____ |
| Employment Address: _____ | Work Phone: _____ |
| Occupation: _____ | Hours of Employment: _____ |

FATHER Marital Status: _____

| | |
|---|----------------------------|
| NAME: _____ <small>Last Name First Name Middle</small> | Home Phone: _____ |
| Home Address: _____ <small>(If Different Than Child)</small> | Cell Phone: _____ |
| Place of Employment: _____ | E-Mail: _____ |
| Employment Address: _____ | Work Phone: _____ |
| Occupation: _____ | Hours of Employment: _____ |

PREVIOUS SCHOOLS ATTENDED

| Date Entered | Name of School/Care Center | City | State | Date Withdrawn | Reason for Leaving |
|--------------|----------------------------|------|-------|----------------|--------------------|
| | | | | | |
| | | | | | |

EMERGENCY

For Emergency Medical Treatment my child should be transported to:

Physicians Name or Clinic

Address

Phone

Preferred Hospital

Address

Phone

Date Preferred: _____ **Date Promised:** _____

Start Date: _____

STATUS OF CHILD

Full Time

Infant

Toddler

Part-Time

Pre-School

Pre-Kindergarten

Days Requested _____

Kindergarten

Summer

I have received a copy of the parent handbook which includes the policies pertaining to child care practices.

I understand and agree that tuition is due on Friday for the upcoming week. Monday is a grace period. A \$5.00 per day per child late fee is charged beginning Tuesday morning and for each day there after until tuition is paid in full.

We have agreed on a plan for continuing communication regarding my child's development, behavior and individual needs.

I agree to keep the facility updated on any changes of information on the enrollment form.

I agree to give a two week written notice prior to withdrawing my child from the school. I understand that if a two week written notice is not given that I will be responsible for paying the two week tuition.

When my child is ill, it is understood and agreed that she/he may not be accepted for care.

I understand that I will be contacted or notified about any medical emergency, accident, injury or at risk situation.

Licensing Rules and Regulations for the State of Missouri for Child Day Care Centers are on file and available upon request.

Parent's Signature: _____

Date