APPLICATION FOR ENROLLMENT 2015-2016

Child's Name:		Birth date:		
Month/Year of Entry:				
Mother's Name:		Father's Name:		
Address:		Address:		
Occupation:		Occupation:		
Employer:		Employer:		
Home Phone:		Home Phone:		
Work Phone:		Work Phone:		
Cell Phone:		Cell Phone:		
Email:		Email:		
PROGRAM				
Mornings: 9:00 - 12:30, Afternoons: 12:30 - 3:00				
MIXED AGE KINDERGATEN:		LITTLE ONES PROGRAM:		
5 mornings:	5 afternoons:	4 mornings:	4 afternoons:	
4 mornings:	4 afternoons:	3 mornings:	3 afternoons:	
	3 afternoons:	2 mornings:	2 afternoons:	
	2 afternoons:		1 afternoon:	
	1 afternoon:			

PARENT/CHILD PROGRAM

Fridays, 9:00-11:30: _____

Mountaintop School

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Please state briefly the reasons for your interest in this school:				
EDUCATIONAL HISTORY				
Has your child participated in any preschool programs? If so, please	e list previous school(s):			
What is your child's favorite activity?				
HEALTH HISTORY				
Were there any complications during the pregnancy?				
Approx. length of labor:	Were there any complications during or immediately			
following the birth?				
Please list any major childhood illnesses your child has had:				
DEVELOPMENT				
Did your child crawl? At what age did your wal	k?talk?			
Does your child have any loose teeth? Any speech	problems?			
List the physical activities your child likes to engage in				
HOME AND FAMILY RHYTHMS				
List names and ages of siblings:				
Do they reside at home? Does yo	ur child reside with both parents?			
How many hours of sleep does your child get each day?				
Does your child watch TV or play computer games? If	f so, how much per week?			
Mountaintop School does not discriminate on the basis of race, religassistance or educational policies.	jion, color, nationality or ethnic origin in its admissions, tuition			
For School Use only: Date application received	Placement approved			