



Mountaintop School

68 BAND CAMP ROAD, SAUGERTIES, NY 12477, WWW.MOUNTAINTOPSCHOOL.COM
845-389-7322, MOUNTAINTOPSCHOOL@GMAIL.COM

REGISTRATION FOR SUMMER PROGRAM 2017

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: _____

DATES AND TUITION:

\$250 per week. If you register for all five weeks the cost is \$220 per week.

_____ WEEK ONE: July 10-13

_____ WEEK TWO: July 17-20

_____ WEEK THREE: July 24-27

_____ WEEK FOUR: July 31-August 3

_____ WEEK FIVE: August 7-10

_____ Total fee

EDUCATIONAL HISTORY

Has your child participated in any preschool programs? If so, please list previous school(s): _____

What is your child's favorite activity? _____

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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 walk? _____ 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 your 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 so, how much per week? _____

Mountaintop School does not discriminate on the basis of race, religion, color, nationality or ethnic origin in its admissions, tuition assistance or educational policies.

PLEASE RETURN THIS APPLICATION ALONG WITH \$100 DEPOSIT ASAP TO ENSURE A PLACE FOR YOUR CHILD.

