

Mountain View
MONTSSORI
School

License number 6032

P.O. Box 495,INTERVALE, NH 03845

www.mvmontessori.com

APPLICATION FOR ENROLLMENT 2011-12

Child's Name _____ Birth _____
 _____ M F Date _____
 Last First Middle

IDENTIFYING INFORMATION OF PARENT/S OR GUARDIAN/S LEGALLY RESPONSIBLE FOR CHILD:

Mother's Name _____ Mother's Home Phone _____

Mother's Home Address _____
 Street City State ZIP

Mother's Mailing Address _____
 P.O. Box City State ZIP

Mother's Employer _____ Mother's Business Phone _____
 Employer's address _____ Email address _____
 _____ hours _____

city _____ state _____ zip _____ Mother's Cell phone _____

Father's Name _____ Father's Home Phone _____

Father's Home Address _____
 Street City State ZIP

Father's Mailing Address _____
 P.O. Box City State ZIP

Father's Employer _____ Father's Business Phone _____
 Employer's address _____ Email address _____
 _____ hours _____

city _____ state _____ zip _____ Cell phone _____

Special instructions for reaching parent/guardian:

Does child live with both parents? Yes No If not, please include a copy of your co-parenting plan

PLEASE SELECT FROM THE FOLLOWING PROGRAM OPTIONS

<p>Summer program 2011: ___ full day ___ morning circle days: M T W Th F ___ June 27 – July 1 ___ July 5 - 8 ___ July 11 - 15 ___ July 18 - 22 ___ July 25 - 29</p>	<p>PRESCHOOL Mon. – Fri: full ___ a.m. ___ M-T-W-Th: full ___ a.m. ___ T-W-Th-F: full ___ a.m. ___ T-W-Th: full ___ a.m. ___ 2 mornings, 3 full days ___ ➔ 3 mornings, 2 full days ___ ➔</p>	<p>KINDERGARTEN Mon. – Fri. full ___ a.m. ___ 2 mornings, 3 full days ___ ▼ 3 mornings, 2 full days ___ ▼ Circle days you'd like to be full: M T W Th F</p>
--	---	---

EMERGENCY CONTACT PERSON:

You (parent/guardian) are required to list at least 1 person with whom you would feel comfortable leaving your child, and who could assume responsibility for your child if you could not be reached immediately in an emergency, or if for some reason you could not pick up your child and were unable to communicate with the program. Examples: if your child were sick and you were not accessible, or if you experienced sudden illness between work and picking up your child.

Name: _____ Name: _____
Relationship: _____ Relationship: _____
Phone: _____ Phone: _____
Address: _____ Address: _____

NON-EMERGENCY ALTERNATE PICK-UP PERSON/S:

I, _____ authorize the following individual(s) to pick up my child from
(Parent/Guardian Signature) Date Signed the program on a non-emergency basis.

Name: _____ Name: _____
Relationship: _____ Relationship: _____
Phone: _____ Phone: _____
Address: _____ Address: _____

Name: _____ Name: _____
Relationship: _____ Relationship: _____
Phone: _____ Phone: _____
Address: _____ Address: _____

Siblings names and ages: _____
Family's religious affiliation, if any? _____ Child's or family's favorite hobbies or past times? _____

NOTE TO PARENT/S or GUARDIAN/S: The licensing authority for this program is the Bureau of Licensing and Certification, Child Care Licensing Unit. Child care programs are required to post a copy of the statement of findings and corrective action plan for the most recent visit in a location which is accessible to parents, and must maintain copies of the statement of findings and corrective action plan for the preceding visit and make them available for parents to review upon request. Statements of findings and corrective action plans are also available on-line at <http://childcaresearch.dhhs.nh.gov> or by calling the unit at 1-800-852- 3345, extension 4624 or 603-271-4624.

During licensing, monitoring, and complaint investigation visits to licensed programs the department shall speak with children regarding the care they receive at the program, if in the judgment of the licensing coordinator the children's response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children and trained to interview in a manner that is respectful and non-leading. However, if you do not want your child interviewed, or if you wish to be informed prior to your child being interviewed you must give the center director, site director or designee, an update annually, a signed dated statement indicating your preference.

For more information about Child Care Licensing please visit our website at:
www.dhhs.state.nh.us/DHHS/BCCL/default.htm

Signature of person enrolling child _____ Date _____

FOR OFFICE USE ONLY

Registration Fee	Summer	Class	Program
------------------	--------	-------	---------