



# 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Date Entered	Name of School/Care Center	City	State	Date Withdrawn	Reason for Leaving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*