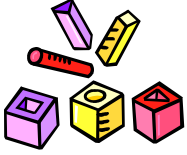


Milestone Montessori
670 Newark Pompton Trpk.
Pompton Plains, Nj 07440
973 835 8026



“our children achieve milestones everyday”

Please print

Registration fee: _____

Student name: _____ Sex: M / F Birth Date: _____

Home Address: _____ City: _____

Zip: _____ Home phone: _____

Parent name #1: _____ Cell phone: _____

Employer name: _____ Work phone: _____

Address: _____ City: _____ Zip: _____

Occupation: _____ Parent email: _____

Parent name #2: _____ Cell phone: _____

Employer name: _____ Work phone: _____

Address: _____ City: _____ Zip: _____

Occupation: _____ Parent email: _____

Indicate Session and Days you require:

8:30-11:30 _____ MON _____ TUE _____ WED _____ THUR _____ FRI

8:30-3:30 FULL DAY _____ MON _____ TUE _____ WED _____ THUR _____ FRI

BEFORE CARE 7:30 – 8:30 _____ MON _____ TUE _____ WED _____ THUR _____ FRI

AFTER CARE 3:30 – 6:00 _____ MON _____ TUE _____ WED _____ THUR _____ FRI

OVER----->

Authorized Release: Authorized persons (other than parents/guardians) to pick-up child on a daily basis or in a non-emergency situation:

Name: _____ Phone: _____
(Relationship)

Name: _____ Phone: _____
(Relationship)

Physician _____ **Phone** _____

Address _____ **City** _____

Zip _____

Allergies _____

Milestone Montessori, LLC admits students of any race, color, national, or ethnic origin to all rights, privileges, programs, activities made available to all students at the school. It does not discriminate on the basis of race, color, national, or ethnic origin in administration policies, admission policies, scholarship, and loan programs, or any other school administered programs.

A non-refundable registration fee must accompany this form. I/we also understand that any balance past the 25th day of the preceding month will be assessed a \$50 late fee. For your convenience we accept Visa, Master Card, and Discover credit cards.

Signature
Parent/guardian _____ **date** _____

administrator's approval _____

Directress _____

Parent Interviewed _____