



Hudson Country Montessori School

340 Quaker Ridge Road, New Rochelle, NY 10804 (914) 636-6202

TODDLER APPLICATION

CHILD'S NAME _____ S.S. # _____ BIRTH DATE _____ GENDER _____

HOME ADDRESS _____ CITY _____ ZIP _____

HOME PHONE # _____ PHYSICIAN'S NAME AND PHONE # _____

PARENT 1/GUARDIAN _____ S.S. # _____ PARENT 2/GUARDIAN _____ S.S. # _____

PLACE OF BUSINESS _____ PLACE OF BUSINESS _____

POSITION/TITLE _____ POSITION/TITLE _____

BUSINESS ADDRESS _____ BUSINESS ADDRESS _____

BUSINESS PHONE # _____ BUSINESS PHONE # _____

CELL PHONE # _____ CELL PHONE # _____

E-MAIL ADDRESS _____ E-MAIL ADDRESS _____

TALENTS/HOBBIES _____ TALENTS/HOBBIES _____

(I.E. HOLIDAY CRAFTS, FUNDRAISING, BAKING, STORYTELLING, WRITING)

Are there any special conditions which the School should be aware of (allergies, special services, etc.)

SCHOOL YEAR 2014/15: PLEASE CHECK DESIRED # OF DAYS AND SESSION:

5 days _____	early session _____ (7:30am)	full day _____	catered lunch** _____
3 days _____ (MoTuWe)	am _____	late session I _____ (4:30pm)	pizza Fridays _____
2 days _____ (ThFr)	pm _____	late session II _____ (6:00pm)	supervised lunchtime _____
			The Journey _____
	** only available 5 days per week		(a must for all new parents)

APPLICATION FEE ENCLOSED \$ _____
FIRST TIME APPLICANTS ONLY (NON-REFUNDABLE)

(RE)ENROLLMENT DEPOSIT ENCLOSED \$ _____

SUMMER 2014:

CHECK DESIRED WEEKS:

CHECK DESIRED SESSION AND CIRCLE DAYS:

Wk 1 6/23-6/27	Wk 5 7/21-7/25	early session (7:30am)	_____ Mo Tu We Th Fr	pm	_____ Mo Tu We Th Fr
Wk 2 6/30-7/03	Wk 6 7/28-8/01	am	_____ Mo Tu We Th Fr	full day	_____ Mo Tu We Th Fr
Wk 3 7/07-7/11	Wk 7 8/04-8/08	supervised lunchtime	_____ Mo Tu We Th FR	late session (6:00pm)	_____ Mo Tu We Th Fr
Wk 4 7/14-7/18	Wk 8 8/11-8/15				

summer balance payable in full before the program begins

PAYMENT ENCLOSED \$ _____
(NON-REFUNDABLE)

YEAR ROUND PROGRAM start date: _____ June 23, 2014 or _____ September 2, 2014

Includes school year, summer w/catered lunch and vacation programs from 7:30am to 6:00pm _____ catered lunch _____
school yr

APPLICATION FEE ENCLOSED \$ _____
FIRST TIME APPLICANTS ONLY (NON-REFUNDABLE)

(RE)ENROLLMENT DEPOSIT ENCLOSED \$ _____

Please bill _____ in full _____ 4 payments _____ monthly (for school year and year round programs only)

SIGNATURE OF PARENT/GUARDIAN _____

DATE OF APPLICATION _____

PLEASE SUBMIT THIS APPLICATION WITH PAYMENT AND ENROLLMENT AND TUITION AGREEMENT

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