

**Unitarian Montessori School – 176 Tices Lane, East Brunswick, NJ 08816 – 732-246-0606**

**PLEASE PRINT**  
**APPLICATION FOR ADMISSION**

Name of Student \_\_\_\_\_

Address \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

Home Phone ( ) \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Occupation \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Occupation \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

Children Living With \_\_\_\_\_ Other Children in the Family (Names & Ages) \_\_\_\_\_

Is there any medical, environmental, or behavioral history that would be useful in helping to understand your child?  
\_\_\_\_\_

Child's Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

How did you hear about our school? \_\_\_\_\_

Please indicate your choice of schedule: In person  or Virtual

Number of Days: 5 Full Days \_\_\_\_\_ 5 Half Days \_\_\_\_\_ 3 Full Days(MTW) \_\_\_\_\_

2 Full Days(THF) \_\_\_\_\_

Will you need extended hours? Yes \_\_\_ No \_\_\_ If yes, AM (7:30 - 8:30) \_\_\_ PM (3:30-6:30) \_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(January 2020)