

# Children's House of Hershey

A Montessori Early Learning Center  
2446 Roundtop Rd., Middletown, PA. 17057  
717-930-0818  
Website: childrenshouseofhershey.org

## ENROLLMENT APPLICATION

Date \_\_\_\_\_ Admission Requested for \_\_\_\_ / \_\_\_\_ school year

Child's Name \_\_\_\_\_ Sex: M F DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_  
(street) (town) (state) (zip) (home phone)

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Email \_\_\_\_\_ Cell \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Email \_\_\_\_\_ Cell \_\_\_\_\_

**Choice of Program:** Half-Day \_\_\_\_\_ AM 8:45a - 12:00noon / 5 days a week  
& \_\_\_\_\_ K+ (during AM Class Only; must have completed 1 year at CHH  
and be 5 years of age by August 31<sup>st</sup> of enrollment year)  
\_\_\_\_\_ PM 12:30p - 3:30p / 3 days a week (MTW)

### Personal / Medical Information:

Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Does your child require any medication or treatment regularly? \_\_\_\_\_

Allergies? \_\_\_\_\_ Special needs and/or physical, emotional issues? \_\_\_\_\_

Is your child adopted? \_\_\_\_\_ if so, at what age and is child aware of the adoption? \_\_\_\_\_ / \_\_\_\_\_

Is there a unique family situation? \_\_\_\_\_

Marital Status \_\_\_\_\_ Guardians \_\_\_\_\_

Names / Ages of Siblings \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

Has your child attended any other preschools? \_\_\_\_\_ Where/When? \_\_\_\_\_

Have you observed a Montessori class? \_\_\_\_\_ When? \_\_\_\_\_

Would you like to attend a Montessori Parent Orientation Class? \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ reg. fee rec'd \_\_\_\_\_  
check# / amt. \_\_\_\_\_

*Thank You. Please call 930-0818 if you have any further questions.*