Children's House of Hershey

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

Website: childrenshouseofhershey.org

Date		Admis	ssion Requeste	d for/s	chool year
Child's Name			Sex	: M F DOB:	_//
Address		,	, ,	,	
(street)	(town)	(state) (zip)	(home phone)		
Mother's Name	Address				
Occupation	Employer	E1	nail	Cell	
Father's Name	Address	S			
Occupation	Employer	H	Email	Cell	
Personal / Medical Infor		and be 5 PM 12:30	years of age by p - 3:30p / 3	August 31 st of enrolle days a week (MT	ment year)
Physician Address Does your child require any medication or treatment re			.1 _v .9	Phone	
Allergies?	Sp	ecial needs and	l/or physical, e	motional issues?_	
Is your child adopted? Is there a unique family si	tuation?				
Marital Status Names / Ages of Siblings		Guardi	ans		
How did you hear about the Has your child attended as Have you observed a Mor Would you like to attend a	ntessori class?	When?	<u> </u>		
Parent/Guardian signature					
Č				check#/amt.	

ENROLLMENT APPLICATION

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