

Mendham Country Day School

204 Morristown Road
P.O. Box 167
Basking Ridge, NJ 07920
(908)-766-3323
mendhamcountrydayschool.com

PRE-SCHOOL APPLICATION FOR ENROLLMENT

Date of application: ___/___/___

Date of proposed entrance: ___/___/___

Name of child: _____

Last

First

Middle

Name by which the child is called: _____

Address: _____

Home phone: _____ Child's date of birth: _____

Family status: ___ Intact ___ Separated ___ Divorced ___ Step family

Father's Name: _____ Business Phone: _____

Father's occupation: _____ Employer: _____

Father's e-mail address: _____ Father's cell #: _____

Mother's Name: _____ Business Phone: _____

Mother's occupation: _____ Employer: _____

Mother's e-mail address: _____ Mother's cell #: _____

Other children in the family:

Name

Age

_____	_____
_____	_____
_____	_____

Child's physician: _____ Phone: _____

List your child's:

Allergies: _____

Handicaps or disabilities: _____

Hospitalizations: _____

Has your child's hearing been tested? Y N Dates: _____

Results of the hearing test(s): _____

(OVER)→

Emergency contacts: Please list two local adults. (NOT PARENTS)

Name: _____ Relationship: _____

Phone: _____ Address: _____

Name: _____ Relationship: _____

Phone: _____ Address: _____

Has your child had any previous group experiences with other children? (Nursery school, camp, Sunday school)

Please indicate any information about your child which could make his/her experience at Mendham Country Day School more enjoyable and comfortable.

Favorite foods: _____

Favorite toys, stories, activities: _____

What would you like your child to get out of this school experience?

What holidays does your family celebrate? _____

- Program applying for:
- Early Infants (0-14 months)
 - Older Infants II (14-30 months)
 - Toddler (2½ to 3 years old)
 - PreK-3 (3 years old)
 - PreK-4 (4 years old)
 - Early Kindergarten (4 to 5 years old)

Full year (September – September)

Academic year (September – June)

Full day (7:00 a.m. to 6:00 p.m.)

Half day (8:30 a.m. to 12:00 p.m.)

of days per week _____ If less than 5 days a week please circle the days you prefer: M T W Th F

*** A \$75 non-refundable application fee must accompany this application in order for it to be processed.

By my signature I attest to the following:

1. The information above is accurate.
2. In the event of an emergency, I authorize MCDS to seek emergency medical treatment for my child as deemed necessary by the Head of School.
3. That I have received the information regarding school policies.

Signature of Parent or Guardian

Date