Mendham Country Day School

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

## **ELEMENTARY APPLICATION FOR ENROLLMENT**

Date of application://		e of proposed entra	<del></del>	
Name of child:				
Last	First	N	<b>l</b> iddle	
Name by which the child is called:				
Address:				
Home phone:		Child's date of birth:		
School last attended:		Numb	er of years attended:	
School Address:				
Family status: Intact S	eparated	_ Divorced	Step family	
Father's Name:		Business Phone	2:	
Father's occupation:		Employer:		
Father's e-mail address:		Father's cell #: _		
Mother's Name:		Business Phon	e:	
Mother's occupation:		Employer:		
Mother's e-mail address:		Mother's cell #:	·	
Other children in the family:				
Name		Age		
Person to whom the bills are to be sent:				
Address:				

Child's ph	ld's physician: Phone:			
List your				
All	lergies:			
На	andicaps or disabilities:			
Hospitalizations:  Has your child's hearing been tested? Y N Dates:				
Emergeno	cy contacts: Please list two local adults. (NOT PA	PARENTS)		
•	·	Relationship:		
		Relationship:		
Applying 1	for: Full day (8:00 – 3:00)	_ Extended day (7:00-6:00)		
Grade ap	plying for: Kindergarten			
	1 <sup>st</sup> grade			
	2 <sup>nd</sup> grade			
	3 <sup>rd</sup> grade			
	4 <sup>th</sup> grade			
	5 <sup>th</sup> grade			
	6 <sup>th</sup> grade			
	_ Full year (September – September)	Academic year (September – June)		
*** A \$75	non-refundable application fee must accompany	y this application in order for it to be processed.		
By my sig	gnature I attest to the following:			
1.	The information above is accurate.			
2.	2. In the event of an emergency, I authorize MCDS to seek emergency medical treatment for my chi			
3.	as deemed necessary by the Head of School. That I have received the information regarding			
	Signature of Parent or Guardian	Date		

Application and enrollment agreement are filed annually.