

The Cottage Garden

www.thecottagegarden.org

A Home Nursery Program



Celia Riahi

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413.348.6035

For Office Use Only

Application received on: _____

Application Fee received: _____

Interview Scheduled for: _____

Application for Enrollment

Child's Name: _____ Gender: _____ Date of Birth: _____

Proposed Date Of Entrance: _____

I am applying for:

• Half Days - 8:00am-1:00noon Monday Tuesday Wednesday Thursday

o With lunch

• Full Days - 8:00am-3:30pm Monday Tuesday Wednesday Thursday

FAMILY INFORMATION

Parent 1: _____

Parent 2: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Employer: _____

Employer: _____

Position: _____

Position: _____

Work Address: _____

Work Address: _____

Work Phone: _____

Work Phone: _____

• Child lives with (please check all that apply):

mother father partner stepmother stepfather parents separated parents divorced

mother deceased father deceased

• Specify custody arrangements, if any: _____

• If two households, mailings should be sent to: Parent 1 Parent 2

• Please list the names and ages of other members of the household:

Name: _____ Date of birth: _____ Relationship to child: _____

Name: _____ Date of birth: _____ Relationship to child: _____

• Has your child been weaned? yes no Comments: _____



The Cottage Garden Enrollment Application

- Has your child been toilet trained? yes no Comments: _____
- Describe your child’s experience outside the home (babysitter, playgroup, playmates, grandparents): _____

- How often does your child watch TV or videos? Use the computer? _____

- Are there special considerations you have for your child of which I should be aware? (extra-ordinary events, medical, movement, behavioral or emotional concerns). _____

- Is your child taking any regularly scheduled medications? Please specify. (Send records where applicable).

- Has your child ever had any sensory, movement or REACH evaluations or any educational or psychological testing?
 yes no If yes, please describe and /or attach copies of the report.

- Does your child have any allergies: _____

- Comments: Is there anything you would like me to know about your child? (please use additional paper if necessary)

Parent 1 signature: _____ Date: _____

Parent 2 signature: _____ Date: _____

A non-refundable application fee of \$25 must accompany this application. Please make checks out to The Cottage Garden and Return to: Celia Riahi, The Cottage Garden, 135 Cottage St., Amherst, MA 01002

The Cottage Garden does not discriminate on the basis of race, color, religion, sexual orientation, or national origin in its admissions or educational policies.

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