

The Cottage Garden

www.thecottagegarden.org

A Home Nursery Program



Celia Ríahí

135 Cottage St., Amherst, MA

For Office use Only

Application received on: _____

Application Fee received: _____

Interview 1 Scheduled for: _____

Interview 2 Scheduled for: _____

celia@thecottagegarden.org

License #2087847 EIN #27-3484383

413.348.6035

Application for Enrollment

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

Proposed Date Of Entrance: _____

I am applying for:

- Half Days - 8:00am-1:00noon
- Full Days - 8:00am-3:30pm

- Monday Tuesday Wednesday Thursday
- Monday Tuesday Wednesday Thursday

FAMILY INFORMATION

Parent 1: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Employer: _____

Position: _____

Work Address: _____

Work Phone: _____

Parent 2: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Employer: _____

Position: _____

Work Address: _____

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: _____

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- Has your child been weaned? yes no Comments: _____
- 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 we 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 REACT 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 use to know about your child? (please use additional paper if necessary)

- Please tell us how you first heard of our program? Word of Mouth, Friend, other School, Web Site , Other

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
 We will then call you to set up an appointment.

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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