

Milestones

Preschool

2019-2020 New Student Application

Child's Name: _____

Child's Birthday: _____

Parent 1 Name: _____

Parent 1 E-mail: _____

Parent 1 Cell Phone: _____

Occupation: _____

Parent 2 Name: _____

Parent 2 E-mail: _____

Parent 2 Cell Phone: _____

Occupation: _____

Home Address: _____

Zip code: _____

Home Phone #: _____

Siblings: _____

How many days a week are you interested in your child attending Milestones?

2 days a week

3 days a week

Allergies? If yes, please specify.

Yes No

Separation Experience?

Yes No

Toilet Trained?

Yes No

School Visit Request:

We conduct school tours for prospective parents from 10:00-10:30 AM Monday through Thursday.

Preferred Date #1: _____

Preferred Date #2: _____

Please submit this application via e-mail to debbie@milestonesuws.com or mail it to us at 319 West 74th Street, 2A, NY, NY 10023. We will reply via e-mail to confirm your site visit within 2 business days.