

# Milestones Preschool

## 2018-2019 New Student Application

Child's Name: \_\_\_\_\_

Child's Birthday: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's E-mail: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's E-mail: \_\_\_\_\_

Father's 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?**

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](mailto: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.**

