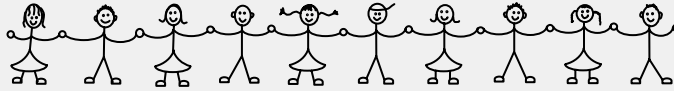


Bedford Montessori School



APPLICATION FOR ADMISSION

SCHOOL YEAR _____ DATE OF VISIT _____

APPLICATION FOR:

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Full day (8:45–3:00) | <input type="checkbox"/> 2 days/week | <input type="checkbox"/> Before School Child Care (7:45–8:45) |
| <input type="checkbox"/> Half day (8:45–11:45) | <input type="checkbox"/> 3 days/week | <input type="checkbox"/> After School Child Care (3:00–5:00) |
| | <input type="checkbox"/> 5 days/week | |

Children must be 5 years old by August 31 to be considered Kindergarten age.

All Kindergarten age children must enroll in the Full Day program.

APPLICANT INFORMATION

Name of child

Nickname

Date of birth

Age

Sex: male female

Primary language spoken at home

Secondary language spoken at home

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1

Parent/Guardian 2

Name of parent/guardian

Name of parent/guardian

Street address

Street address

Town/zip code

Town/zip code

Home phone

Home phone

Cell phone

Cell phone

Email

Email

Please turn over →

Please answer the following questions.

1. Has your child attended another preschool, day care center, playgroup, etc.? yes no

Name of program _____

Number of children in group _____

Number of staff with group _____

2. Why are you interested in a Montessori Preschool program for your child?

3. What expectations do you have for your child? Please be specific.

4. What expectations do you have for us? Please be specific.

5. Please finish this sentence: I wish my child could...

6. Is your child currently on an IEP (Individual Education Plan)? yes no

Please describe any professional services your child has received or is currently receiving (speech therapy, occupational therapy, etc.).

Please feel free to call the director if you have any questions.

Thank you for your interest in our school. We will do our best to meet the needs of your child.