



BRONXVILLE MONTESSORI SCHOOL
101 Pondfield Road West, Bronxville, New York 10708
Phone: 914-793-2083 / Fax: 914-793-2360 / www.BronxvilleMontessori.com

Programs Available: [please check one]

Application Date: _____

- | | | | |
|---|--|--|---|
| 3-6 Full Day | 3-6 Half Day | Toddler Full Day | Toddler Half Day |
| <input type="checkbox"/> 5 Full Days (M-F) | <input type="checkbox"/> 5 Mornings (M-F) | <input type="checkbox"/> 5 Full Days (M-F) | <input type="checkbox"/> 5 Mornings (M-F) |
| <input type="checkbox"/> 4 Full Days (M-Th) | <input type="checkbox"/> 5 AM + Th/F PM | <input type="checkbox"/> 3 Full Days (M/T/W) | <input type="checkbox"/> 3 Mornings (M/T/W) |
| | <input type="checkbox"/> 5 AM + M/T/W PM | <input type="checkbox"/> 2 Full Days (Th/F) | <input type="checkbox"/> 2 Mornings (Th/F) |
| | <input type="checkbox"/> 5 Afternoons (M-F) | | <input type="checkbox"/> 5 Afternoons (M-F) |
| | <input type="checkbox"/> 4 Afternoons (M-Th) | | <input type="checkbox"/> 3 Afternoons (M/T/W) |
| | | | <input type="checkbox"/> 2 Afternoons (Th/F) |

Child's Name _____ **Date of Birth** _____

Street Address _____ **City, State, Zip Code** _____ **Home Phone** _____

EMAIL ADDRESS _____ **** All school communication is sent via email ****

Emergency Contact: _____ Phone number: _____

Are parents separated or divorced? _____ Legal Guardian _____

Mother's Name _____ **Father's Name** _____

Cell Phone Number _____ **Cell Phone Number** _____

Occupation/Company Name _____ **Occupation/Company Name** _____

Company Address _____ **Company Address** _____

Work Phone Number _____ **Work Phone Number** _____

Other Children in Family: **Name:** _____ **Date of Birth:** _____

Name: _____ **Date of Birth:** _____

Child's Pediatrician: _____ **Doctor's Telephone:** _____

Any known allergies? _____

How did you hear of our school? _____

Admission Procedures:

1. Application submitted with **non-refundable \$100.00 application fee**.
2. An intake interview is arranged after parental observation of our program.
3. A **non-refundable deposit** of 20% of the program fee is necessary to confirm a space.
4. When time permits, orientation visits for incoming students will be arranged.
5. All new children are accepted provisionally on a 3 week trial basis.

The Bronxville Montessori School is a nut free facility.

I have read and understand the above admission procedures.

Parents signature _____ **Date** _____

The Bronxville Montessori School admits students of all races, colors, religions, and national and ethnic origins.