




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: _____

- | | | | |
|--|---|--|--|
| <u>Toddler Programs</u> | <u>3-6 Full Day 8AM-4PM</u> | <u>3-6 Full Day 8:45AM-3:15PM</u> | <u>3-6 Half Day</u> |
| <input type="checkbox"/> 5 Full Days | <input type="checkbox"/> 5 Full Days | <input type="checkbox"/> 5 AM + 5 PM | <input type="checkbox"/> 5 Mornings |
| <input type="checkbox"/> 3 Full Days (M/T/W) | <input type="checkbox"/> 4 Full Days (M-Th) | <input type="checkbox"/> 5 AM + M/T/W PM | <input type="checkbox"/> 5 Afternoons |
| <input type="checkbox"/> 2 Full Days (Th/F) | <input type="checkbox"/> 5 AM + M/T/W PM | <input type="checkbox"/> 5 AM + Th/F PM | <input type="checkbox"/> 4 Afternoons (M-Th) |
| <input type="checkbox"/> 5 Mornings | <input type="checkbox"/> 5 AM + Th/F PM | | |
| <input type="checkbox"/> 3 Mornings (M/T/W) | | | |
| <input type="checkbox"/> 2 Mornings (Th/F) | | | |

Child's Name	Date of Birth
Street Address	City, State, Zip Code
Home Phone	
EMAIL ADDRESS <i>** All school communication is sent via email **</i>	
	

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.