



Bridgeview Montessori School

“Montessori Roots ~ Independent Wings”

APPLICATION FOR NEW PRE-PRIMARY STUDENTS

Print Student’s Name: _____

Date of Birth: _____

School Year applying for: _____

Circle Male or Female

Age on September 1st of year applying for: _____ years _____ months

Programs Offered for 2.9 – 6 year olds:

_____ Kindergarten, Monday – Friday, 8:45 a.m. – 3:00 p.m.

_____ Monday – Friday, 8:45 a.m. – 3:00 p.m.

_____ Monday – Friday, 8:45 a.m. – 1:00 p.m.

_____ 3 Days * 8:45 a.m. – 3:00 p.m. Tuesday, Wednesday, Thursday

_____ 3 Days * 8:45 a.m. – 1:00 p.m. Tuesday, Wednesday, Thursday

* Limited openings available for ages 3 (by September 1st) and younger only

Parent/Guardian Name

Parent/Guardian Name

Residential Address

Residential Address (if different from other parent)

Mailing Address (if different from residential)

Mailing Address (if different from residential)

City/Town Zip Code

City/Town Zip Code

Telephone Number

Telephone Number

E-mail

E-mail

Signature

Signature

Child lives with: _____ Date: _____

Other Children in the Family:

Name	Gender	Age	Name	Gender	Age
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

New Students: Application Fee: \$50. (*Non-Refundable*) – to be paid with Application Form.

Please attach additional page(s) if needed

Why are you considering a Montessori education for your child? _____

What educational goals do you have for your child? _____

How did you hear about our school? _____

Do you know any of the families currently or previously enrolled at Bridgeview Montessori School? __

If yes, who? _____

Are there any aspects of your child's physical or emotional development which would be helpful for the school to know about? Please explain the circumstances: _____

What other structured activities or previous group experience has your child been involved in (such as preschool, playgroups, soccer, ballet, piano, etc.)? _____

Are you interested in your child continuing in elementary education at the Bridgeview Montessori School after their Pre-Primary educational experience? _____

Is your child toilet trained? ___ Yes ___ No

Were you referred to us by a Bridgeview Montessori School Family? _____

If yes, by whom? _____

Print name of person filling out this pageeb

Date