



124 Lake Hill Rd.
 Burnt Hills, NY 12027
 (518)384-0074

www.MontessorischoolofSchenectady.org

Fee Pd. ___ Ck# ___

Date Received _____

Application for Admission

Please include a **non-refundable application fee of \$35.00** with this form. Make checks payable to the Montessori School of Schenectady and mail to the above address.

All applicants must attend a tour of the school and arrange a meeting with the teacher to meet with their child before they will be considered for admittance. At least two tours will be scheduled throughout the year and individual appointments can be made at the Head of School's discretion.

Morning Class A 8:45-11:30
Morning Class B 9:00-11:45
Enrichment AM/PM
Afternoon Class C 12:15-3:00

Please indicate your preferences below:

| Class A | Class B | Enrichment |
|--------------------|--------------------|------------------------------|
| ___ 3 day MTW/WTHF | ___ 3 day MTW/WTHF | ___ 2 or 3 day |
| ___ 4 day MTThF | ___ 4 day MTTHF | ___ 2 ,3 or 5 days (AM only) |
| ___ 5 day | ___ 5 day | |

Class C ___ 3 day MTW

If your preferred program becomes filled you will be given first choice to enroll in the next available program.

Year(s) applied for: ___ 2010-2011 ___ 2011-2012 ___ 2012-2013

Name of Child _____

Date of Birth _____ Exact age in September _____

Home Phone _____ Cell Phone _____
 Address _____ E-mail Address _____

Mother's Name _____ Business Address _____

Father's Name _____ Business Address _____