



Montessori School of Schenectady

50 Cypress Dr.
Hostetter Building
Glenville, NY 12302
(518)384-0074

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, **Attn:Registrar.**

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 Director's discretion.

Morning Session 9:00 – 11:45

Afternoon Session 12:30 – 3:15

Please indicate the session you are interested in.

A.M.

___ 3 day MTW

___ 4 day M-Th

___ 5 day

P.M.

___ 3 day M-W

___ 4 day M-Th

___ 5 day

Kindergarten Enrichment

___ 2 day Th-F

___ 5 day

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

Year(s) applied for: ___ 2009-2010 ___ 2010-2011 ___ 2011-2012

Name of Child _____

Date of Birth _____

Home Phone _____

Address _____

Exact age in September _____

Cell Phone _____

E-mail Address _____

Mother's Name _____ Business Address _____

Father's Name _____ Business Address _____

Siblings' Names and Ages _____
