

Bluebird Montessori Admissions Form

Child's Name _____ Nickname _____
Date of Birth _____ Current Age _____
Address _____ City _____ Zip _____
Home phone _____

Name of Parent/Guardian _____
Home Address same as student
Address _____ City _____ Zip _____
Cell Phone _____
Occupation _____ Employer _____
Email Address _____

Name of Parent/Guardian _____
Home Address same as student
Address _____ City _____ Zip _____
Cell Phone _____
Occupation _____ Employer _____
Email Address _____

Siblings

Name	Age	School and Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list the names of other people living in the home

Is child cared for by others besides parents? _____

Is child toilet-trained? partially completely

Primary Language _____ Other Language(s) Spoken _____

Why are you interested in having your child enrolled in a Montessori program?

Please share additional information you would like us to know about your child or your family, including areas needing special attention.

Previous school(s)/daycare center(s) attended _____

How did you hear about Bluebird Montessori?

I hereby apply for admission of my child _____, to Bluebird Montessori for the _____ - _____ academic year.

I have enclosed a \$50.00 application fee.

Parent/Guardian Signature

Date

Bluebird Montessori 56 Hudson Avenue Delmar, NY 12054

www.bluebirdmontessoridelmar.com