



**(Please see other side)**

PLEASE COMPLETE SECTION BELOW:

Has your child had any previous school experience? \_\_\_ Yes \_\_\_ No

Name of school: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Does your child have any condition that may require specific attention from the staff? \_\_\_ Yes \_\_\_ No

Does your child have special needs of which the school should be aware? \_\_\_ Yes \_\_\_ No

If you answered yes to either of the above questions, please explain and submit relevant professional evaluations. This will help us better care for your child.

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SESSION REQUEST:

Please indicate your first and second choices below. Available spaces are filled on a first-come first-serve basis.

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|--|------------------|
| _____ Full Day (Kindergarten and 4 & 5-year-old students)  | 8:30am-3:45pm    |
| _____ Morning (Monday - Friday)  | 8:30am-11:45am   |
| _____ Afternoon (Monday - Friday)  | 12:45pm-3:45pm   |
| _____ Lunch Bunch (Monday-Friday)<br>(available at an extra cost for half-day students, space permitting)) | 11:45am-12:45pm  |
| _____ <b>Aftercare</b>   | <b>4pm – 6pm</b> |

PLEASE READ AND SIGN BELOW:

*I hereby make an application for admission to Bryant Woods Montessori Children's House, Inc. I have enclosed an application fee of \$100.00 that I understand is non-refundable and not applicable to the enrollment fee or tuition fees. I affirm that the statements I have made in this application for admission are, to the best of my knowledge, true and complete.*

*The school will process a fully completed application for admission in a timely manner. You will be notified of your acceptance.*

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date