

PLEASE COMPLETE SECTION BELOW:

Has your child had any previous school experience? Yes No (If yes, please indicate below and complete the academic release form and have the school complete and return it to BWMCH.)

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.

SESSION REQUEST:

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

<input type="checkbox"/>	Full Day (Kindergarten and 4 & 5 year old students)	8:45am-3:45pm
<input type="checkbox"/>	Morning (Monday - Friday)	8:45am-11:45am
<input type="checkbox"/>	Afternoon (Monday - Friday)	12:45pm-3:45pm
<input type="checkbox"/>	Lunch Bunch Program (Monday-Friday)	11:30am-12:45pm

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