

BAY MONTESSORI SCHOOL APPLICATION FORM

Session Desired:

Morning (Montessori)

Extended Day

Full Day (Montessori)

Summer Program

Elementary (Montessori)

Arrival Time: _____ Departure Time: _____

Date you would like your child to start: _____

Child's Full Name: _____ Nickname: _____

Date of Birth: _____ Sex: _____

Home Address: _____ Home Phone: _____

P.O. BOX: _____

City: _____ State: _____ Zip: _____

Mother's Name: _____ Occupation: _____

Business Address: _____ Telephone: _____

Father's Name: _____ Occupation: _____

Business Address: _____ Telephone: _____

Name of health insurance co: _____ Policy# _____

Names, ages and sex of other children in the family: _____

Email address for school use: _____

Is your child toilet-trained?

How many hours a week does your child watch TV?

Has your child attended school previously, where and for how long?

What kind of things do you enjoy doing with your child?

Why do you wish to send your child to a Montessori school?

How did you first hear about Bay Montessori School?

Please return this form and a \$300.00 non-refundable registration fee to:
Bay Montessori School, 20525 Willows Rd., Lexington Park, MD 20653

For more information on regulated child care please see the website
www.marylandpublicschools.org/MSDE/divisions/child_care/licensing_branch/parentguide