

# BLUE HILL MONTESSORI SCHOOL

*"...Building a strong foundation for life."*

Please submit this application with a \$55.00 non-refundable application fee. Checks can be made out to "The Blue Hill Montessori School" and dropped off or mailed to the schools address 163 Turnpike Street, Canton, MA 02021

## Preliminary Application for Enrollment- Children's House (children age 2 years 9 months - 5 years old)

Name of Child: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent (1) Name: \_\_\_\_\_ Parent (1) Phone: \_\_\_\_\_

Parent (1) Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Parent (2) Name: \_\_\_\_\_ Parent (2) Phone: \_\_\_\_\_

Parent (2) Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

### Please check all that you may consider

Early Morning Drop off (7:30am-8:45am)  Monday  Tuesday  Wednesday  Thursday  Friday

Morning Children's House (8:45am-12:00pm) **All Children's House students attend 5 days a week.**

Full Day Children's House (8:45am-3:00pm)  Mon  Tues  Wed  Thurs  Fri

Third year/Kindergarten (8:45am-3:00pm) **All 3<sup>rd</sup> year/K students attend 5 full days**

Extended Day (3:00pm-5:00pm)  Monday  Tuesday  Wednesday  Thursday  Friday

### Family Information

Desired Date of Enrollment \_\_\_\_\_ How long do you expect your child to be enrolled \_\_\_\_\_

Is your child in care now?  Yes  No Current/Past schools: \_\_\_\_\_

Names and ages of other children in your household: \_\_\_\_\_

Are you prepared as a member of our parent run school to assist with the overall functioning of the school by serving on a school committee and/or being involved with other related school events? \_\_\_\_\_

In what ways would your family help meet the school's goal of having culturally diverse school population? \_\_\_\_\_

Describe the educational environment and experience you envision for your child:

\_\_\_\_\_

How did you hear about The Blue Hill Montessori School? \_\_\_\_\_

*The Blue Hill Montessori School will not discriminate in our hiring or enrollment on the basis of gender, gender identity, color, race, religion, cultural heritage, national origin, political beliefs, family lifestyle, marital status, sexual orientation or disability.*

*\*Admissions priority is given to existing families, siblings of currently enrolled students, BHMS Alums and children whom plan to enroll for the full Montessori three-year cycle. \**

### For Office Use Only

Application check received on- Date: \_\_\_\_\_ Check number: \_\_\_\_\_ Enrollment Year: \_\_\_\_\_