



Date Rec'vd: _____

Check #: _____

PRELIMINARY APPLICATION FOR ENROLLMENT – Children’s House (Preschool – ages 2.9yrs – 5yrs)

Name of Child: _____ Male/Female: _____ Date of Birth: _____

Home Address: _____ Phone: _____

Parent’s Name: _____ Occupation: _____

Work Address: _____ Work Phone/E-Mail: _____

Parent’s Name: _____ Occupation: _____

Work Address: _____ Work Phone/E-Mail: _____

Childcare Needed: Please check all that you may consider

- | | |
|---|--|
| ____ Early AM Care (7:30-9:00am) | __Mon __Tue __Wed __Thurs __Fri |
| ____ AM (9:00am – 12:00pm) | Mondays through Fridays for all students |
| ____ Kindergarten (9:00-3:00pm) | Mondays through Friday for all students |
| ____ Enrichment (12:00pm-2:00pm) | __Mon __Tue __Wed __Thurs __Fri |
| ____ Extended Day Enrichment (2:00pm-anytime up until 6:00pm) | __Mon __Tue __Wed __Thurs __Fri |

Desired date of enrollment: _____ How long do you expect your child to be enrolled? _____

Is child in care now? YES / NO Where: _____

Name and ages of other children in your family: _____

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 (fundraising, marketing, facilities, technology) and being involved with other related school events? _____

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

How did you hear about The Blue Hill Montessori School? _____

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

BHMS 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, and BHMS alumni.

Please attach a \$55.00 non-refundable application fee. Fee is valid for one year from date received.