

BOGHT MONTESSORI

514 Old Loudon Road
Cohoes, New York 12047

P(518)250-4401

F(518)250-4402

Enrollment Information

Date of Application: _____

Requested Start Date: _____

My child will attend:

- Full Time Five mornings (8:00-11:30)
- Part Time-When available(M/T/W or Th/F)
- AM Kindergarten Extension (8:00 - 11:30)
- PM Kindergarten Extension (11:30 -3:15)
- Primary Class School Plus+ (3:15 -4:30)
- Primary Class School Plus+ (3:15 -5:30)

Child resides in the following school district: _____

Student Information

Last Name: _____

First Name: _____

Middle Initial: _____ Nickname: _____

Date of Birth: _____

Current Age: _____ Male Female

Place of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Primary Language spoken at home _____

Child lives with: _____

2016-2017 School Year

No student is considered enrolled in the school until payment, contracts and all required paperwork is received.

Please note that Children's House applicants must be toilet trained by the first day of school

Previous School Experience (where? How long?)

Montessori School: _____

Reason for leaving: _____

Daycare/Preschool: _____

Reason for leaving: _____

Other child care: _____

Reasons for applying to Boght Montessori Children's House

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Mother/Guardian Information

Name: _____

Home Address: _____

City: _____ State: ____ Zip: _____

Home Phone: _____

Email _____

Special Interests: _____

Occupation: _____

Company Name: _____

Company Address: _____

Office Phone _____

Grandparent/Guardian Information

Name: _____

Home Address: _____

Relationship: _____ Male Female

City: _____ State: ____ Zip: _____

Home Phone: _____

Business Phone: _____

E-mail: _____

Name: _____

Home Address: _____

Relationship: _____ Male Female

City: _____ State: ____ Zip: _____

Home Phone: _____

Business Phone: _____

E-mail: _____

Father/Guardian Information

Name: _____ Home

Address: _____

City: _____ State: ____ Zip: _____

Home Phone: _____

Email _____

Special Interests: _____

Occupation: _____

Company Name: _____

Company Address: _____

Office Phone _____

Sibling/Relative Information

Name: _____

Relationship: _____

Current Age: _____ Male Female

Montessori experience: _____

Name: _____

Relationship: _____

Current Age: _____ Male Female

Montessori experience: _____

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Student Records

Boght Montessori considers the records of all individual students to be confidential information. Student records will be released to schools or agencies only upon receipt of a written request from a parent or guardian and after all outstanding fees and tuition accounts have been paid in full.

Notice of Nondiscriminatory Policy as to students

Boght Montessori admits students of any race, gender, religion, national, or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the School. It does not discriminate on the basis of race, gender, religion, national or ethnic origin in the administration of any of its programs or policies, including, but not limited to, its admission policies, educational policies, scholarship and loan programs, or athletic and other school administered programs.

Please answer the following questions to help us get a better sense of your child as a unique individual.

How did you become interested in Montessori for your child? How did you hear about us? Do you know anyone presently enrolled with us

Describe the aspects of your child's previous school experience(s) with which you have been most pleased.

What would you like to see your child receive from his/her experience at Boght Montessori? What traits would you like to see strengthened?

Briefly describe your child in terms of his or her interests, temperament, hobbies, likes, dislikes, favorite activities, toys, etc

Does your child have any learning difficulties that you know of or difficulties with vision, hearing, walking, and speaking?

Please identify any health situations we should know about, such as allergies, therapies (physical or psychological), medications.

The application fee is non-refundable. Your application is accepted as a formal request for consideration of enrollment at Boght Montessori

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For Office:

Date Application Rec'd _____

Anticipated Start Date _____

Date Enrollment Paperwork Rec'd _____

\$ _____ Check # _____

All enrollment paperwork and payments
received – enrollment final

Initialed _____