

Preschool Application 2015/2016

For Office Use:

App Rec _____ Fee Rec _____

Entered _____ Book Sent _____

Sib _____ Legacy _____

Date Desired for Admission: _____ Birthdate: _____ **(Must be 3 before Aug. 1st of desired starting year)**

Mark 1st, 2nd and 3rd Session Preference: _____ A.M. _____ P.M. _____ All-day

Child's Last Name: _____ Gender: _____

Child's Name: _____
 First Middle Nickname

Address: _____ City/Zip: _____

Phone: (h) _____ Phone: (c) _____

E-Mail Address: _____

Age at Time of Desired Admission: _____

Did either parent graduate from 6th grade at BMS or attend 4 or more years at BMS? ____

If yes, an additional BMS form is required: _____

Parent/Guardian Name: _____

Phone: _____ Email: _____

Parent/Guardian Name: _____

Phone: _____ Email: _____

Sibling Names	Birthdate
_____	_____
_____	_____

Has child attended a Montessori preschool previously? _____

School Name: _____ Dates: _____

How did you hear of the Bloomington Montessori School? _____

Please return this form with your \$35 application fee.

(OVER)

Please use this side of the sheet for any comments about your child which you think would be helpful to the teachers, e.g. activities which occupy the child's attention for the longest periods of time, fears, special health problems, etc. Thank you!