



## 2019 – 2020 Application - INFANT

CHILD'S INFORMATION	
<i>Child's First Name:</i>	
<i>Child's Last Name:</i>	
<i>Child's Home Address:</i>	
<i>City, State, Zip Code:</i>	
<i>Gender:</i>	
<i>Date of Birth:</i>	
<i>Current Age: Years Months</i>	
<i>Other Schools Attended and Dates:</i>	

PARENT #1 INFORMATION	
<i>First Name:</i>	
<i>Last Name:</i>	
<i>Cell Number:</i>	
<i>Home Number:</i>	
<i>Email Address:</i>	



## 2019 – 2020 Application

PARENT # 2 INFORMATION	
<i>First Name:</i>	
<i>Last Name:</i>	
<i>Cell Number:</i>	
<i>Home Number:</i>	
<i>Email Address:</i>	

DESIRED ENROLLMENT: (Please check One)	
<input type="checkbox"/>	5 Days Per Week (M, T, W, Th, F)
<input type="checkbox"/>	3 Days Per Week (M, W, F)
<input type="checkbox"/>	2 Days Per Week ( T, Th)
DESIRED TIME SLOT: (Please use the space below to indicate what hours you anticipate your child being at school on a normal day (e.g. 9:00 am - 4:30 pm))	

*School hours are from 8:00 am to 6:00 pm. Tuition pricing is by day, no matter how many hours a child remains at school. Enrollment priority will be given to full-time students.*

***Please tell us a bit about your child and why you are interested in having him/her attend Bergen-Lafayette Montessori School:***

***Our aim at BLMS is always to keep tuition affordable for our families and as accessible as possible for parents who want a Montessori education for their child(ren). Like all independent schools the world over, we have a small budget to do big things. When we all pitch-in and work together as a community, we are able to cut some of our overhead costs and divert funds to other areas. How will your family positively contribute to our aim?***

Submission:

Kindly return this application, along with a \$25.00 non-refundable application fee to:

**Bergen-Lafayette Montessori School**

**PO Box 97**

**Jersey City, New Jersey 07303**

You will receive an email confirmation once your application has been processed.