



2019 – 2020 Application

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>	



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PARENT # 2 INFORMATION	
First Name:	
Last Name:	
Cell Number:	
Home Number:	
Email Address:	

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)
<input type="checkbox"/>	5 Half-Days Per Week (M, T, W, Th, F)
<input type="checkbox"/>	3 Half-Days Per Week (M, W, F)
<input type="checkbox"/>	2 Half-Days Per Week (T, Th)
EXTENDED DAY:	
<input type="checkbox"/>	Before School Care
<input type="checkbox"/>	After School Care

School hours are from 8:30 am to 3:00 pm.

Half-days are from 8:30 am - 12:00 pm.

Enrollment priority will be given to full-day students.

Before school care is offered from 7:30 am. After school care is offered until 6:00 pm.

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.