Montessori School of Schenectady
Admissions Application

375B Saratoga Road, Glenville, NY 12302
(518) 384-0074
www.OneFamilyMontessori.com

_____ For Office use: Date application received_____
Date of Application Fee paid_____Check #_____
Date fee received_____

Have you toured our school? Yes or No If yes, date of tour_____

School Year: 2026/2027 2027/2028 2028/2029

_____ _____
Child's Name Child's Date of Birth

Child's Gender ☐ Male ☐ Female

_____ _____ _____ _____
Address City State Zip

_____
Email(s) to be used for school communications

Parent Information:

Parent 1	Parent 2
_____	_____
Name	Name
_____	_____
Address (if different from above)	Address (if different from above)
_____	_____
Home Phone	Home Phone
_____	_____
Cell Phone	Cell Phone
_____	_____
Occupation	Occupation
_____	_____
Employer	Employer

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Child resides with:

☐ Both Parents/Guardians ☐ Parent/Guardian 1 ☐ Parent/Guardian 2
☐ Other (Please specify)_____

County you reside in:_____School District you currently live in:_____

Primary language spoken at home: _____

Is your child fully toilet-trained? ☐ Yes ☐ No

Do you have any concerns regarding your child?_____

Does your child have any allergies or health situations we need to be aware of?
_____

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

Are there any reports, assessments, or narratives available for our review? ☐ Yes ☐ No **Please attach a copy with this application**. Which agency performed the evaluation?_____

Program Information: Days are scheduled consecutively unless otherwise requested. (3 days MTW or WTHF, 4 Days MTTHF)

I am interested in the following Primary Programs (for students 3 yrs of age by December 1st)

½ Day AM (8:45-11:45)
☐ 3 Days ☐ 4 Days ☐ 5 Days

½ Day PM (12:15-3:15)
☐ 3 Days ☐ 4 Days ☐ 5 Days

Full Day (8:45-3:15)
☐ 3 Days ☐ 4 Days ☐ 5 Days

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I am interested in Morning Care and/or Afternoon Care:

Please note, there are additional charges for Before Care & After Care for ALL half day students and for full day students from the hours of 7:15-8:00am and from 4:00-5:00pm.

Morning Care (7:15-8:45) ½ day students
☐1 Day ☐ 2 Days ☐ 3 Days ☐ 4 Days ☐ 5 Days

After Care (3:15-5:00) ½ day students
☐1 Day ☐ 2 Days ☐ 3 Days ☐ 4 Days ☐ 5 Days

Morning Care (7:15-8:00) Full day students
☐1 Day ☐ 2 Days ☐ 3 Days ☐ 4 Days ☐ 5 Days

After Care (4:00-5:00) Full day students
☐1 Day ☐ 2 Days ☐ 3 Days ☐ 4 Days ☐ 5 Days

Morning Care (8:00-8:45) Full day students
☐1 Day ☐ 2 Days ☐ 3 Days ☐ 4 Days ☐ 5 Days

After Care (3:15-4:00) Full day students
☐1 Day ☐ 2 Days ☐ 3 Days ☐ 4 Days ☐ 5 Days

Approx. drop off time for Morning Care_____ Approx. pick up time for After Care_____
Days needed if not all needed for all scheduled days _____

I am interested in the following Toddler Programs (for students 18 months to 3 yrs of age)
Days are scheduled consecutively unless otherwise requested. (3 days MTW or WTHF, 4 Days MTTHF)

½ Day (8:30-11:30)
☐ 3 Days ☐ 4 Days ☐ 5 Days

Morning Care (7:15-8:45) ***An additional charge will apply**
☐ 3 Days ☐ 4 Days ☐ 5 Days Approx. drop off time_____

A Non-Refundable Fee of $50 is required with this application. Cash or checks are acceptable, made payable to *Montessori School of Schenectady. At this time, we do not accept credit cards.*

Enrollments are accepted without regard to race, religion, or national origin.

All applicants are required to attend a school tour to be considered for admission. We suggest that your first visit be a parents-only tour. If there is continued interest, a student introduction visit with the Head of School will need to be scheduled. Enrollment is based upon our ability to meet the needs of both the child and their family.

Parent/Guardian Signature:_____
Date:_____

Parent/Guardian Signature:_____
Date:_____