



Montessori School of Schenectady

Admissions Application

375B Saratoga Road, Glenville, NY 12302

(518) 384-0074

www.OneFamilyMontessori.com

Date of Application

For Office use: Date application received _____

Fee paid _____ Check # _____

Date received _____

School Year: 2024/2025 2025/2026 2026/2027

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) _____

School District you currently live in: _____

Primary language spoken at home: _____

Is your child fully toilet-trained? Yes No

Has your child been enrolled in any type of program or organized group before? If so, which program and where? _____

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? _____

Does your child receive special services now or has in the past? Yes No If yes, for what area(s) of need? _____

Program Information: Days are scheduled consecutively unless otherwise requested.
(2 days, MT, TW, WTH or THF, 3 days MTW or WTHF, 4 Days MTTTHF)

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)

- 2 Days 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. (2 days, MT, TW, WTH or THF, 3 days MTW or WTHF, 4 Days MTTHF)

½ Day (8:30-11:30)

2 Days 3 Days 4 Days 5 Days

Morning Care (7:15-8:45) *An additional charge will apply

2 Days 3 Days 4 Days 5 Days Approx. drop off time _____

How did you hear about us?

Website Facebook Friend Other _____

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 must attend a tour of the school and arrange a meeting with the teacher and meet with the child before they will be considered for admittance. At least two Open Houses will be scheduled throughout the year and individual appointments can be made at the Head of School's discretion.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____