

2017 - 2018 Application

Child's Information: Child's First Name: _____ Child's Last Name: _____ Child's Home Address: City: ______State: _____Zip Code: _____ Gender: \square Male \square Female Date of Birth: _____ Current Age: ______ Years _____ Months Other Schools Attended and Dates: ______ Mother's Information: Mother's First Name: _____ Mother's Last Name: ______ Mother's Cell Number: _____ Mother's Home Number: _____ Mother's Email Address: _____



2017 - 2018 Application

Father's Information:
Father's First Name:
Father's Last Name:
Father's Cell Number:
Father's Home Number:
Father's Email Address:
Desired Enrollment: (Please check One)
☐ 5 Days Per Week (M, T, W, Th, F)
☐ 3 Days Per Week (M, W, F)
2 Days Per Week (T, Th)
☐ 5 Half-Days Per Week (M, T, W, Th, F)
☐ 3 Half-Days Per Week (M, W, F)
2 Half-Days Per Week (T, Th)
Extended Day
☐ Before School Care
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:						
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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.