



2015 – 2016 Application

Child's Information:

Child's First Name: _____

Child's Last Name: _____

Child's Home Address: _____

City: _____ State: _____ Zip Code: _____

Gender: Male 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: _____



2015 – 2016 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 9:00 am to 3:00 pm.

Half-days are from 9:00 am - 12:00 pm.

Enrollment priority will be given to full-day students.

Before school care is offered from 7:45 am. After school care is offered until 6:00 pm.

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.