



2018-2019 2019-2020 other: _____

APPLICATION FOR ADMISSION

Please complete both sides of this form completely.
Return it with a \$100 **non-refundable** application fee to the selected site.
Checks should be made payable to Alcott School.

Date: _____

Child's Name: _____ Date of Birth: _____ Boy Girl

Please indicate your program and site choices below:

Dobbs Ferry

2 Year Old Program

Mornings (9:15-11:45):

- 5 Mornings
- 3 Mornings (Wed. Thurs. Fri.)
- 2 Mornings (Mon. & Tues.)

Afternoons (1:00-3:30):

- 5 Afternoons
- 3 Afternoons (Wed. Th. Fri.)
- 2 Afternoons (Mon. & Tues.)

Crane Road, Scarsdale

2 Year Old Program

Mornings (9:00 – 11:30):

- 5 Mornings

Afternoons (12:30-3:00):

- 5 Afternoons

Fox Meadow Road, Scarsdale

2 Year Old Program

Mornings (9:00 – 11:30)

- 5 Mornings
- 3 Mornings (Wed. Thurs. Fri.)
- 2 Mornings (Mon. & Tues.)

3 – 5 Year Old Programs

Half Day Choices:

- 5 Mornings (8:45 – 11:30)
- 5 Mornings (9:00 – 11:45)
- 5 Afternoons (12:30 – 3:15)
- 3 Afternoons (Wed. Thurs. Fri.)
- 2 Afternoons (Mon. & Tues.)

Full Day Choices:

- 5 Full Days (9:00 – 3:15)

Combination Choices:

- 3 Full Days (Wed. Thurs. Fri.) & 2 Half Days (Mon. & Tues.)
- 2 Full Days (Mon. & Tues.) & 3 Half Days (Wed. Thurs. Fr)

3 – 5 Year Old Programs

Half Day Choices:

- 5 Mornings (8:45 – 11:30)
- 5 Afternoons (12:30 – 3:15)

Full Day Choices:

- 5 Full Days (8:45 – 3:15)
- 5 Extended Days (8:00 – 5:00)

Parent 1 Name

Home Address

City, State, Zip Code

Home Phone Number

Cell Phone Number

Name of Business

Position/Title

Business Address

City, State Zip Code

Business Phone number

E-Mail Address

Fax Number Home Work

Parent 2 Name

Home Address

City, State, Zip Code

Home Phone Number

Cell Phone Number

Name of Business

Position/Title

Business Address

City, State Zip Code

Business Phone number

E-Mail Address

Fax Number Home Work

Legal Guardian (if different from above): _____
Name
Address
Phone Number

Briefly describe your child: _____

Other schools your child has attended:

Name of School	Address	Dates attended
Name of School	Address	Dates attended

Does your child have allergies? Please identify below:

 Additional information affecting your child's full participation in the academic and/or athletic program, including any emotional or medical concerns: _____

Who referred you to Alcott School? _____

Why do you want your child in a Montessori school? _____

I hereby make this application for admission of my child as a student of Alcott School for the period beginning on:

 (date)

If the above named student is enrolled, I will be responsible for all tuition, fees and other charges incurred by the student.

 Signature of parent/guardian

 Date