



2019/2020    2020/2021    2021/2022    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: \_\_\_\_\_ Gender \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Please indicate your program and site choices below:

### Dobbs Ferry

#### 2 Year Old Program

*Mornings (9:15-11:45) (Monday thru Thursday)  
(9:15-11:15) (Friday)*

- 5 Mornings
- 3 Mornings (Wednesday, Thursday & Friday)
- 2 Mornings (Monday and Tuesday)

### Crane Road, Scarsdale

#### 2 Year Old Program

*Mornings (9:00 – 11:30) (Monday thru Thursday)  
(9:00 – 11:00) (Friday)*

- 5 Mornings

#### 3 – 5 Year Old Programs

##### *Half Day Choices:*

- 5 Mornings (8:45 – 11:30)
- 5 Mornings (9:00 – 11:45)
- 5 Afternoons (1:00 – 3:30)
- 3 Afternoons (Wednesday, Thursday & Friday)
- 2 Afternoons (Monday and Tuesday)

##### *Full Day Choices:*

- 5 Full Days (9:00 – 3:15)

##### *Combination Choices:*

- 3 Full Days & (Wednesday, Thursday & Friday) &  
2 Half Days (Monday and Tuesday)
- 2 Full Days (Monday and Tuesday) &  
3 Half Days (Wednesday, Thursday & Friday)

#### 3 – 5 Year Old Programs

##### *Full Day Choices:*

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

Please complete both sides

Parent 1 Name	Parent 2 Name
Home Address	Home Address
City, State, Zip Code	City, State, Zip Code
Home Phone Number	Home Phone Number
Cell Phone Number	Cell Phone Number
Name of Business	Name of Business
Position/Title	Position/Title
Business Address	Business Address
City, State Zip Code	City, State Zip Code
Business Phone number	Business Phone number
E-Mail Address	E-Mail Address
Fax Number <input type="checkbox"/> Home <input type="checkbox"/> Work	Fax Number <input type="checkbox"/> Home <input type="checkbox"/> 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
_____	_____	_____
_____	_____	_____

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
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**Please complete both sides**