



**APPLICATION FOR
ADMISSION**

2022/2023 2023/2024 2024/ 2025 other: _____

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.

Application Date: _____ Child's Name: _____

Date of Birth: _____ Home Address: _____

City: _____ State: _____ Zip Code: _____ Boy Girl

Please indicate your program and site choices below:

Dobbs Ferry Site – 535 Broadway

2 Year Old Program

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

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

Scarsdale Site – 27 Crane Road

2 Year Old Program

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

- 5 Mornings

3 – 5 Year Old Programs

Half Day Choices:

- 5 Mornings (Mon – Friday i.e. 8:45 – 11:30)
- 5 Mornings (Mon – Friday i.e. 9:15 – 12:00)

Full Day Choices:

- 5 Full Days (i.e. 9:00 – 3:30)

3 – 5 Year Old Programs

Full Day Choice:

- 5 Full Days (i.e. 8:45 – 3:15)

Please complete both sides

Due to operational requirements arrival and dismissal time may be subject to change.
All Montessori classes are inclusive programs, some follow a co-teaching model with a head Montessori teacher. a head Special Education teacher and two assistants.

www.alcottschool.org

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
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Briefly describe your child: _____

Other schools your child has attended:

Name of School	Address	Dates attended
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Name of School	Address	Dates attended
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Does your child have allergies? Please identify: _____

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