| Application for admission Brighton Montessori  5291 Ethel St.  Brighton, MI 48116 | | | |
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| Student Information | | | |
| Student Name: Preferred Nickname: | | | |
| Date of birth: |  | | Phone: |
| Home Address: | | | |
| City: | State: | | ZIP Code: |
| Male Female (Please circle) | Ethnicity: | | Academic Year: |
| Parent Information | | | |
| Mother’s Name: | | Address: | |
| Home Phone: | Mobile Phone: | | Work Phone: |
| Email: | Employer: | | Occupation: |
| Employer Address: | | | |
| Father’s Name: | | Address: | |
| Home Phone: | Mobile Phone: | | Work Phone: |
| Email: | Employer: | | Occupation: |
| Employer Address: | | | |
| With Whom Does Your Child Live? | | If divorced or separated, who has legal custody of student? | |
| Emergency Contact | | | |
| Name: | | | |
| Address: | | | Phone: |
| City: | State: | | ZIP Code: |
| Relationship: | | | |
| Name: | | | |
| Address: | | | Phone: |
| City: | State: | | Zip Code: |
| Relationship: | | | |
| sibling information | | | |
| Name: | Age: | | School: |
| Name: | Age: | | School: |
| Name: | Age: | | School: |
| additional Information | | | |
| Does student have any allergies: Yes No Please List/Explain: | | | |
| Any emotional or physical concerns? Yes No Please explain: | | | |
| Is your child receiving any treatment or medication? Yes No Please Explain: | | | |
| How did you learn about our school? | | | |
| Has your child attended any other daycares or preschools? Yes No Which? | | | |
| What educational goals do you have for your child and how do you see Brighton Montessori facilitating these goals? | | | |
| Why are you choosing a Montessori School for your child? | | | |
| Please provide any additional information that may be helpful in getting to know your child: | | | |
| program enrollment (Please circle all that apply) | | | |
| **Infant – (6weeks-16 months)**  **Toddler (16 – 36 months):**  Half Day: 7:30 – 11:30am  Full Day: 7:30am – 3:30pm  Extended Day: 7:00 – 7:30am or 3:30 – 6:00pm  **Please Circle Days Attending:**  M T W TH F | **Preprimary (3 & 4 Year Olds):**  Half Day: 8:30 – 11:30am or 12:30pm – 3:30pm  Full Day: 8:30am – 3:30pm  Extended Day: 7:00 – 8:30am or 3:30 – 6:00pm | | **Preprimary Kindergarten (5 Years Old by Sept 1st):**  Full Day: 8:30am – 3:30pm  Extended Day: 7:00 – 8:30am or 3:30 – 6:00pm |
| non-discrimination statement | | | |
| Brighton Montessori accepts children of all cultures and ethnicities and we do not discriminate on the basis of race, ethnicity, gender, or sexual orientation, or marital status of the child’s parents. Our goal is to provide an environment rich in diversity for the children. | | | |
| Signatures | | | |
| I understand that students are admitted for the full academic year and that my agreement to pay for the full academic year is not subject to adjustments for illness, absence, withdrawal, or dismissal.  In consideration for acceptance of my child as a student at Brighton Montessori, the undersigned agrees to indemnify Brighton Montessori, its directors and employees against any claims or demands made by or on behalf of my child. | | | |
| Signature of Parent or Guardian: | | | Date: |
| Signature of Parent of Guardian: | | | Date: |

For Office Use Only: Date Received:

Application Fee Paid:

Start Date: