

Please attach additional page(s) if needed

Why are you considering a Montessori education for your child? _____

What educational goals do you have for your child? _____

How did you hear about our school? _____

Do you know any of the families currently or previously enrolled at Bridgeview Montessori? ___ Yes ___ No

If yes, who? _____

Are there any aspects of your child's physical or emotional development which would be helpful for the school to know about? Please explain the circumstances:

What other structured activities or previous group experience has your child been involved in (such as preschool, playgroups, soccer, ballet, piano, etc.)?

Are you interested in your child continuing in elementary education at the Bridgeview Montessori School after his/her Pre-Primary educational experience?

Is your child toilet trained? ___ Yes ___ No

Were you referred to us by a Bridgeview Montessori School Family? ___ If yes, by whom? _____

Print name of person filling out this side

Date

Policy on Non Discrimination

Bridgeview Montessori School does not in any way discriminate on the basis of race, gender, age, religion, cultural heritage, political beliefs, national/ethnic origin, physical disability, marital status, or sexual orientation in the administration of its hiring, admissions, and educational policies, or in any other school program.

