



Bilingual Montessori Academy

3514 Plyers Mill Road ♦ Kensington, MD 20895 ♦ (301) 962-7262

Application for Enrollment

Date of Application: ___/___/___

For 20___ - 20___ September Start Mid-Year

Program Preference:

- N.E.S.T. (ages 2-3)
- Primary (ages 3-6)

- Half-Day
- Full Day

- Before Care
- After Care

Language Preference:

- French
- Italian
- Spanish

1. Please submit *Application* (both sides) and *application fee of \$50* to SBMA along with a recent *photograph*.
2. Prospective students and parents will meet for assessment/interview with the Head of School and Educational Director.
3. Upon acceptance, the non-refundable tuition deposit of \$500 (applicable to tuition) and the signed Enrollment Agreement are due.
4. The first tuition payment and all fees and medical forms are due before the child enters school.

Applicant Information

Boy Girl

First Name _____ Middle _____ Last _____

Home Address, City, State, Zip _____

Custodial Parent(s) Name(s) _____

Birth Date: _____ Age: _____ yrs. _____ mos. Place of Birth: _____

Previous School / Daycare / Other (name, location) _____ Dates Attended _____

Family Information

Marital Status: Married Partnered Separated/Divorced Single

Parent/Guardian Full Name _____

Parent/Guardian Full Name _____

Relationship to Applicant _____

Relationship to Applicant _____

Home Address (if different from above) _____

Home Address (if different from above) _____

City, State, Zip _____

City, State, Zip _____

Phone _____

Phone _____

E-Mail Address _____

E-Mail Address _____

Occupation/Employer _____

Occupation/Employer _____

Languages spoken in home or with caregiver:

Siblings (names and ages):

Potty Training: Children enrolling in the Primary Program must be toilet trained and able to independently use the bathroom. Children still working towards independence can be enrolled in our N.E.S.T Program.

- Trained In Progress Not Started

Any allergies or other special needs (dietary, medical, behavior, etc.)?

What else would you like to tell us about your child?

How did you learn about Spring Bilingual Montessori Academy?

What attracted you to Spring Bilingual Montessori Academy?

Signature of Parent or Guardian: _____ Date: _____

Office Use Only

- Application fee Date: _____ Check #: _____
- Phone Date: _____
- Interview Date: _____ Acceptance: _____ Notification: _____

Comments:
