



Barat Montessori

Application for Admission

2008-2009

Name of Child: _____ Date of Birth: _____

Parents'/Guardians' names: _____

Address: _____

Home Phone: _____

Mother's Work Phone: _____ Mother's Cell: _____

Father's Work Phone: _____ Father's Cell: _____

E-mail: _____

For which program are you applying? _____ 5-day _____ 3-day

If you are interested in the extended day option, which days would you like to stay?

_____ Mon. _____ Tues. _____ Wed. _____ Thur. _____ Fri.

Prior to admission, we ask families to schedule a visit to the school. While children are welcome to attend, many parents find it easier to ask questions and view the school when children are being cared for elsewhere. Please contact the school at (508) 655-5742 to schedule a visit.