

CASTLE ISLAND BILINGUAL MONTESSORI

INNOVATIVE and INTERNATIONAL COMMUNITY
Independent school growing to educate children ages 3 to 13
Dual Immersion in English and Spanish

Enrollment Application 2015-2016

Date of Application: _____

Anticipated Start Date: _____

Applying with DSS Daycare Subsidy: ____ Yes ____ No

If yes, tuition for your child will be calculated with the subsidy subtracted from the full rate.

Applying for Tuition Assistance: ____ Yes ____ No

If yes, please include with this application, copies of evidence of all household income including: wages, salaries, DSS, child support, or alimony with official documentation such as Income Tax Returns, pay stubs, etc.

{Nonrefundable Deposit: \$250 (check or money order made payable with signed contract upon enrollment)}

Tuition (prorated based on start date):

_____ Half Day 8:30am-11:30am (available for 3 and 4 year olds) = \$6,000/school year

or

_____ Full Day 8:30am-3:30pm = \$10,000/school year

and optional wrap-around care – choose either, both or neither:

_____ Before School Care 7:30am-8:30pm (\$500/school year)

_____ After School Care 3:30pm-5:30pm (\$1,500/school year)

Child's Full Name (First, Middle, Last)

(nickname)

Birth date

_____ Male _____ Female

Home Address

(_____) _____
Main Phone

Child lives with

Parent 1 - Full Name

Parent 2 - Full Name

Home Address (if different from child)

Home Address (if different from child)

(_____) _____ (_____) _____
Work Phone Cell Phone

(_____) _____ (_____) _____
Work Phone Cell Phone

Employer & Occupation

Employer & Occupation

E-mail address

E-mail address

Location: 10 N Main Ave, Albany, NY 12203

Mailing Address: PO Box 6663, Albany, NY 12206

info@castleislandmontessori.org

(518) 533-9838

www.castleislandmontessori.org

Names of Siblings	Age	Current School

How did you hear about Castle Island Bilingual Montessori? _____

The following information will enable us to get to know your child better.

Please list every school that your child has previously attended: _____

What are your educational goals for your child? How do you see Castle Island Bilingual Montessori facilitating these goals?

What role can we expect the child's parent(s)/guardian(s) to play in facilitating this child's educational goals?

What are your child's special interests, capabilities or talents? _____

How do you see your child in their social and emotional development? _____

Please describe your child's educational experience thus far. What has been successful? What has been challenging?

Has your child had any remedial work, special tutoring, or enrichment classes in the past two years? Please explain.

Does your child have any special needs (educational, medical, or psychological)? Has your child received any testing or evaluations that would relate to their academic or social performance? Please have copies sent of tests or evaluations that your child has taken.

Are there any areas in which we may be able to give special help and encouragement to your child?

Castle Island Bilingual Montessori values diversity among its students;
and does not discriminate in our enrollment policies on the basis
of race, color, gender, religion, sexual orientation, national or ethnic origin.