

Bambini Montessori

Children ages 8wks. - 4th Grade

27 Fairway Dr. Nashville, TN 37214 | 2501 Lakeland Drive Nashville, TN 37214

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Bambinimontessori.org

director@bambinimontessori.org



FOR OFFICE USE

Date Application Returned _____

Requested Start Date _____

Fee _____

2015-2016
School Year
Class Assigned:

Today's Date _____

For Enrollment Beginning Fall 20, ____

Applicant's Full Name _____ **Gender** _____

Preferred Name _____ **Date of Birth** _____ **Current Age** _____

Parent 1 Name _____ **Home Phone** _____

Home Address _____ **City** _____ **State** ____ **Zip** _____

Employer _____ **Work Phone** _____ **Cell Phone** _____

Occupation _____ **Email** _____

Parent 2 Name _____ **Home Phone** _____

Home Address _____ **City** _____ **State** ____ **Zip** _____

Employer _____ **Work Phone** _____ **Cell Phone** _____

Occupation _____ **Email** _____

Status of Parents: Married Separated Divorced Other _____

Child is living with: Both Parents Parent 1 Parent 2 Other _____

Person Responsible for Payment: Name _____ Relation _____

Driver's License # & State: _____ Soc. Security # _____

Sibling(s)	Age	School

Applicant's Health History

Family Doctor Name _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Please tell about any medical concerns for you child _____

Does your child currently take any medication on a daily basis? If yes, please list _____

Are there any developmental concerns that we should know about to better serve your child?

Has your child ever had any educational and/or psychological testing? No Yes

If yes, when? _____

We give Bambini Montessori permission to obtain the educational/psychological reports.

No Yes (This information will be kept strictly confidential)

Name of Educational/Psychological Tester _____

Phone Number _____ Date Tested _____

Address _____

Does your child have any allergies? If yes, please list _____

Questionnaire

Why are you interested in a Montessori Education for your child? _____

Tell us about your child's learning behaviors (i.e. motivated learner, self guided, needs guidance to stay on task) _____

Does your child nap on a daily basis? If yes, how long and what is the nap routine? _____

Is your child potty trained? If not are you working on it? Please let us know how it is going.

We offer optional enrichment programs. Please check off any that you would be interested in .

- Gymnastics Dance Science Other _____

If your child is re-enrolling please list any specific requests. Although we may not be able to honor all requests it will help us in deciding the best placement for your child.

**A NON-REFUNDABLE APPLICATION FEE OF \$75.00 IS REQUIRED WITH APPLICATION.
IF APPLYING FOR THE WAITING LIST FOR INFANT OR TODDLER THE WAIT LIST NON-
REFUNDABLE FEE IS \$275.00 DUE WITH APPLICATION.**

- All information provided is correct and honestly presented.
- I understand that the enclosed fee is non-refundable and does not apply to the tuition. In the event of a waiting list only the enrollment fee, not the enclosed fee, will hold the first available space for my child.
- I understand that the questionnaire will be used to better serve my child's individual needs.
- All children admitted, are on a trial basis, we reserve the right to withdraw your child if this is not the best fit for him/her.

Signature_____ Date_____

Signature_____ Date_____

Bambini Montessori does not discriminate against anyone on the basis of race, gender, age or national origin.

**Please return this form along with the non-refundable fee to:
Admissions
Bambini Montessori
27 Fairway Dr.
Nashville, TN 37214**