



Amherst Montessori School Awaken, Nurture, Inspire... since 1970

Application for Admission

Applicant's Full Name: _____

Date of Birth: _____ Goes by: _____ Gender: _____

For Admission: Fall 2026 Other (please specify) _____

Program Selection: (please check all that apply)

Infant/Toddler Level (ages 3 months - 3 years) * Partial weeks are not available for Infant*

Schedule options: 3 days/week* 4 days/week* 5 days/week

Lunch session (8:15 a.m. - 12:30 p.m.)

School day session (8:15 a.m. - 2:45 p.m.)

*Priority admission is given to 5 day/week applicants. While we make every effort to accommodate schedule requests, we cannot guarantee specific schedules. Please let us know the days you request if you are applying for a partial week schedule: Mon. Tues. Wed. Thurs. Fri

Children's House Level (preschool/kindergarten: ages 3 - 6 years)

Schedule options: 5 days/week

Lunch session (8:15 a.m. - 1:00 p.m.)

School day session (8:15 a.m. - 3:00 p.m.)

Elementary (grades 1 - 6)

5 days/week 8:00 a.m. - 3:15 p.m.

Grades 1 - 3 Grades 4 - 6

Extended Day Programs (for all levels)

Before care (7:30 -8:15 a.m.) Days: Mon. Tues. Wed. Thurs. Fri.

After care until 4:00 p.m. Days: Mon. Tues. Wed. Thurs. Fri.

After care until 5:30 p.m. Days: Mon. Tues. Wed. Thurs. Fri.

Parent Information:

Parent Name: _____ Parent Name: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Employer: _____ Employer: _____

Title: _____ Title: _____

Phone (h): _____ Phone (h): _____

Phone (m): _____ Phone (m): _____

Phone (w): _____ Phone (w): _____

Email: _____ Email: _____

Siblings (names & dates of birth): _____

Application Fee

I have enclosed the \$50 non-refundable application fee (\$10 for sibling applicants).

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

Amherst Montessori School Mission

We provide a warm, safe, and supportive community that nurtures a lifelong love of learning. We honor each child's path as they become independent, confident, and compassionate individuals, while learning to care for themselves, others, and the world.

The Family and School Partnership

As staff, parents, guardians, and students, we believe we are all stewards of our school community. We believe we have an obligation to care for and treat each other with respect and compassion. We assume positive intent.

We work together to lift each other and our school up to our greatest potential. When we see something that needs improvement, or just a little TLC, we act on it. Most importantly, we come together in partnership for our children.

Please write three (3) words that come to mind when thinking about your child: _____

What would you like us to know about your child? You are welcome to include likes, dislikes, favorite activities, temperament, personality traits, etc. _____

What activities do you like to do as a family: _____

Please describe your child's daily routine: _____

Please explain your understanding of our school values and what they mean to you : _____

Please comment on any circumstances that may affect or have affected your child. We have found it to be very helpful for the child when we know about such events as skipping or repeating a grade, whether or not the child has been referred to or received services from Early Intervention, specific learning style, changes in school, loss of a significant person, change in family structure, etc.: _____

Is your child currently enrolled in a daycare or school? If so, what school or daycare does your child attend? And what does s/he enjoy most during his/her day? _____

Have any diagnostic evaluations (educational or psychological) been completed for your child? Please provide details. _____

Please describe your child's experience with technology: _____

How many years do you plan to attend Amherst Montessori School? _____

What languages are spoken in your home? _____

Referral Incentive Program name(s): _____

Is there anything else you wish to share about your child or your family: _____

For office use:

Date application received: _____

Date of parent visit: _____

Student records received: _____

Date application fee received: _____

Date of student visit: _____

Student records received: _____