

# The Montessori School of New York - International

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**Desired Starting Date**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Year

## APPLICATION FOR ADMISSION

*(Please Print)*

Child's Name ..... Sex ..... Date of Birth .....  
(Last) (First) (Middle)

Home Address ..... Apt.# ..... Zip Code .....

Home Tel.: ..... Emergency Tel. (mother) ..... (father) .....

### Child's Mother

Name .....

Address .....

Occupation .....

Firm name .....

Type of business .....

Personal Reference .....

Address .....

Tel: .....

### Child's Father

Name .....

Address .....

Occupation .....

Firm name .....

Type of business .....

Personal Reference .....

Address .....

Tel: .....

Please check SESSION and TIMING preferred.

Full Day: 8:50 a.m. - 3:30 p.m.

Half Day: 8:50 a.m. - 12:10 p.m.

Extended Day: 8:00 a.m. - 6:00 p.m.

12:40 p.m. - 3:40 p.m.