



1800 SUNSET ROAD, BUTTE, MT 59701
T: 406-494-1033
OFFICE@SILVERBOWMONTESSORI.ORG

Application: Silver Bow Montessori Early Childhood

Student Information

Child's full name _____ Preferred or nickname _____

____/____/____
Birth Date

Male Female

Age

Home address _____ City _____ State _____ Zip _____

Home phone number _____ Desired start date _____

Family Information

Parent (or guardian's) name _____ email _____ cell phone _____

Employer _____ work phone _____

Parent (or guardian's) name _____ email _____ cell phone _____

Employer _____ work phone _____

Student's lives with: Both Parents Mother Father Other: _____

Student's parents are: Married Separated Divorced Remarried

Siblings (please list names and ages): _____

Primary language(s) spoken: _____

Name(s) of adult(s) responsible for tuition payments: _____



Health Information

Allergies (please list)

Long term medications (please list)

Pre-existing or recurrent medical conditions/illnesses (Examples: diabetes, asthma, Hepatitis B, ADD, ADHD). Please specify.

Has this student been seen by any medical specialists? Please specify.

Does your child have any special physical, cognitive or emotional needs? Please specify.

Is your child toilet trained? ____ Yes ____ No ____ In Process

Does your child nap? ____ Yes ____ No ____ Occasionally From ____ To ____

Educational Information

Why do you want your child to attend Silver Bow Montessori School?

Previous school, childcare or enrichment programs:(preschool, child care, Kindermusik, library story-time, etc.)_____

What are your Early education plans for your child?

- ___ Attend SBM through preschool
- ___ Attend SBM through Kindergarten
- ___ Attend SBM through Elementary
- ___ After SBM, the student will attend public school
- ___ After SBM, student will attend private school
- ___ Undecided
- ___ Other Plans _____



SILVER BOW
MONTESSORI SCHOOL

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Early Childhood program applying for:

_____AM Half Day
_____PM Half Day
_____Full Day
_____Mixed Day
_____Kindergarten

Extended Care-AM_____

Extended Care-PM_____

Extended Care-Both_____

I am applying for admission of the above-named child to Silver Bow Montessori School. I Affirm that the above information is true and correct.

Signature of parent or guardian

Date

Silver Bow Montessori School admits students of any race, religion, or nationality and does not discriminate on the basis of race, religion, or nationality in the administration of its educational policies, admissions policies, scholarship programs, and other school-administered programs.