Application for Admission Early Childhood & Toddler Programs 2026-2027



27 Crane Road, Scarsdale, NY 10583

Please complete this form and return it with a non-refundable \$100 application fees. Checks should be made payable to Yellow Acorn Montessori. Please indicate the program(s) for which you are seeking enrollment: ☐ Early Childhood (3-5 year old) 8:30 am – 3:00 pm ☐ Toddler (18 months – 36 months) Full Day 8:45 am – 3:00 pm ☐ Toddler (18 months – 36 months) Morning 8:45 am – 11:45 am ☐ Toddler (18 months – 36 months) Afternoon 1:00 pm – 4:00 pm \square Early Drop Off 7:30 am - 8:30 am \square Extended Day 3:00 pm - 5:30 pm Application Date: _____ Child's Name: ____ Date of Birth: _____ | Male Female Home Address: City: _____ State: ____ Zip Code: ____ Parent 1 Name Parent 2 Name Home Address Home Address Cell Phone Number Cell Phone Number E-mail Address E-mail Address Employer Employer Position/Title Position/Title Business Address Business Address City. State. Zip Code City, State, Zip Code Legal Guardian(s) (if different from above):

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Please briefly describe your child and include any likes, dislikes, or learning needs.
Please describe why you are seeking a Montessori environment for your child.
Please describe any previous experience your child has had in a group care environment, including daycare, playgroups or classes.
Additional information affecting your child's full participation in the academic program, including any emotional, developmental, or medical concerns:
I hereby make this application for admission of my child as a student of Yellow Acorn Montessori.
If the above named student is enrolled, I will be responsible for all tuition, fees, and other charges incurred by the student.
Signature of Parent/Guardian Date

Yellow Acorn Montessori does not discriminate on the basis of race, color, national or ethnic origin, religion or gender in administration of its policies or admission procedures.

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