

**Application for Admission
Early Childhood & Toddler Programs
2027-2028**



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
- Early Drop Off 7:30 am – 8:30 am
- 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.