

Albany Montessori Education Center, LLC

514 Old Loudon Road
Cohoes, NY 12047

The Nesting House

Student Information

Last Name: _____

First Name: _____

Middle Initial: _____ Nickname: _____

Date of Birth: _____

Current Age: _____ Male Female

Place of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Primary Language spoken at home _____

Child lives with: _____

Enrollment Information

Date of Application: _____

I am applying for:

Immediate Enrollment

School year

My child will attend:

Full Time

Five Mornings (8:00-11:30)

Five Afternoons

Three Full Days (consecutive)

Two Full Days (consecutive)

Child resides in the following school district:

Please be sure to include \$50 fee with your application

No student is considered enrolled in the school until the deposits, contracts and all required paperwork is received.

Previous Care Experience where? How long?

Home Care _____

Reason for leaving: _____

Day Care _____

Reason for leaving: _____

Other child care: _____

Reasons for applying to The Nesting House: _____

**Child will remain enrolled at AMEC
Through the following programs:
Please check all that apply**

- Infant
- Toddler
- The Children's House
- Through Third Grade
- Summer House

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Mother/Guardian Information

Name: _____

Home Address: _____

City: _____ State: __ Zip: _____

Home Phone: _____

Email: _____

Special Interests: _____

Occupation: _____

Company Name: _____

Company Address: _____

Office Phone: _____

Father/Guardian Information

Name: _____

Home Address: _____

City: _____ State: __ Zip: _____

Home Phone: _____

Email: _____

Special Interests: _____

Occupation: _____

Company Name: _____

Company Address: _____

Office Phone: _____

Sibling/Relative Information

Name: _____

Relationship: _____

Current Age: _____ Male Female

Montessori experience: _____

Name: _____

Relationship: _____

Current Age: _____ Male Female

Montessori experience: _____

Grandparent/Guardian Information

Name: _____

Home Address: _____

City: State: Zip: _____

Home Phone: _____

Business Phone: _____

E-mail: _____

Name: _____

Home Address: _____

City: State: Zip: _____

Home Phone: _____

Business Phone: _____

E-mail: _____

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Student Records

Albany Montessori Education Center considers the records of all individual students to be confidential information. Student records will be released to schools or agencies only upon receipt of a written request from a parent or guardian and after all outstanding fees and tuition accounts have been paid in full.

Notice of Nondiscriminatory Policy as to students

Albany Montessori Education Center admits students of any race, gender, religion, national, or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the School. It does not discriminate on the basis of race, gender, religion, national or ethnic origin in the administration of any of its programs or policies, including, but not limited to, its admission policies, educational policies, scholarship and loan programs, or athletic and other school administered programs.

Please answer the following questions to help us get a better sense of your child as a unique individual.

How did you become interested in Montessori for your child? _____

How did you hear of AMEC? _____

Do you know anyone presently enrolled at AMEC:

Describe the aspects of your child's previous school experience(s) with which you have been most pleased.

What would you like to see your child receive from his/her experience at AMEC:_____

What traits would you like to see strengthened?____

Briefly describe your child in terms of his or her interests, temperament, hobbies, likes, dislikes, favorite activities, toys, etc:_____

Does your child have any learning difficulties that you know of or difficulties with vision, hearing, walking, and speaking? _____

Please identify any health situations we should know about, such as allergies, therapies (physical or psychological), medications._____

The application fee is non-refundable. Your application is accepted as a formal request for consideration of enrollment at the Albany Montessori Education Center, LLC

For Office:

Date Application Rec'd _____

Anticipated Start Date _____

Letter Sent _____

Date Enrollment Paperwork Rec'd _____

\$ _____ Check # _____

All enrollment paperwork and payments
received – enrollment final

Initialed _____

Initialed:

ALBANY