



# Silver Bow Montessori School

1800 Sunset Road, Butte, Montana 59701  
Phone 406 494-1033  
www.SilverBowMontessori.org

## *Application: Silver Bow Montessori Early Childhood*

### **Student Information**

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\_\_\_\_\_  
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**

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\_\_\_\_\_  
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**

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\_\_\_\_\_  
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**

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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, the student will attend private school
- \_\_\_\_ Undecided
- \_\_\_\_ Other plans: \_\_\_\_\_

EC program applying for:

- \_\_\_\_ AM Half-Day
- \_\_\_\_ PM Half Day
- \_\_\_\_ Full Day
- \_\_\_\_ Mixed Day
- \_\_\_\_ Kindergarten

**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.

