



Bluffview Montessori School

1321 Gilmore Avenue
Winona, MN 55987
507-452-2807

FOR OFFICE USE ONLY

DATE RECEIVED _____

ENROLL DATE _____

ROOM/GRADE _____

BIRTH CERT. ATTCH. Y or N

MARSS # _____

2026-2027

CHILDREN'S HOUSE APPLICATION FORM STUDENT INFORMATION

Student Last Name (Legal Name)

Student First Name

Student Middle Name

Parent's Last Name

Parent's First Name

Address

City

State

Zip

Home Phone #

Cell Phone #

Email

Please indicate program preference:

5 Full Days (M-F)
\$671.00/mo

3 Full Days (M, W, F)
\$434.00/mo

2 Full Days (T, Th)
\$301.00/mo

5 Half Days (M-F 7:45-10:45)
\$439.00/mo

After School Care will be available for Pre-K students from 2:15 until 5:00 at a rate of \$5.00/hour. This program is capped at the first 20 students who apply. Please indicate the **days and pick up times** you prefer:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

In compliance with Federal Law, Bluffview Montessori School administers all education programs, employment activities and admissions without discrimination against any person on the basis of gender, race, color, religion, national origin, age, or disability. Inquiries regarding compliance with Title IX of the Education Amendments of 1972, which prohibits discrimination on the basis of sex in education programs or activities, may be referred to the District's Title IX Coordinator at 507-452-2807 or to the Office for Civil Rights, United States Department of Education