



Bluffview
Montessori
School

ACADEMIC YEAR 2026-2027
CHILDREN'S HOUSE DECLARATION OF INTENT TO RETURN

(For all students presently attending the three year old program, and entering the four year old program in the 2026-2027 school year)

(Please use a separate form for each child.)

- My Child _____

WILL RETURN to Bluffview Montessori next year for the preschool academic program.

He/she will be in Children's House (check one) next fall:

- ☐ Full Day (7:45 a.m.-2:10 p.m.) 5-day - \$671/month
- ☐ Full Day (7:45 a.m.-2:10 p.m.) 3-day (Monday, Wednesday, Friday) \$434/month
- ☐ Full Day (7:45 a.m.-2:10 p.m.) 2-day (Tuesday, Thursday) - \$301/month
- ☐ Half Day AM (7:45 a.m.-10:45 a.m.) 5-day - \$439/month

- My child _____

WILL NOT RETURN to Bluffview Montessori School for the 2026-2027 academic year. I understand that a space will not be held for him/her, and that we must reapply for admission on a first come/first served basis should our plans change.

Signature of parent/guardian

Today's Date

**PLEASE RETURN THIS FORM TO THE OFFICE ON OR BEFORE
JANUARY 31, 2026**