



Bluffview Montessori School

ACADEMIC YEAR 2024-2025 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 2024-2025 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 - \$645/month
 - Full Day (7:45 a.m.-2:10 p.m.) 3-day (Monday, Wednesday, Friday) \$415/month
 - Full Day (7:45 a.m.-2:10 p.m.) 2-day (Tuesday, Thursday) - \$290/month
 - Half Day AM (7:45 a.m.-10:45 a.m.) 5-day - \$420/month
- My child _____
WILL NOT RETURN to Bluffview Montessori School for the 2024-2025 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, 2024**