



MISSION  
MONTESSORI

## Pre-Enrollment Application

Today's Date: \_\_\_\_\_

Desired Start Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

(First)

(Middle)

(Last)

Birth Date: \_\_\_\_\_ or Due Date: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

Address \_\_\_\_\_ (street)

(city/state)

(zip)

Mother's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-MAILS: \_\_\_\_\_

How did you hear about Mission Montessori? \_\_\_\_\_

Please indicate the program(s) you are enrolling your child:

### Kindergarten:

Full Day (8:30-3:00)

Extended Day (7:00-6:00)

### Preschool 3-5:

Half Day (8:30-12:00)

Full Day (8:30-3:00)

Extended Day (7:00-6:00)

Desired Days of the week: \_\_\_\_\_

Non-Napping Schedule (Option for children 4 ½ and older)

### Toddler 2-3:

*10 hour maximum day*

Half Day (8:30-12:00)

Full Day (8:30-3:00)

Extended Day (7:00-6:00)

Desired Days of the week: \_\_\_\_\_

### Infant 6 months-24 months:

*10 hour maximum day*

Half Day (8:30-12:00)

Full Day (8:30-3:00)

Extended Day (7:00-6:00)

Desired Days of the week: \_\_\_\_\_

\* A Final Balance Deposit of \$400 is due once a start date is confirmed. **30 day notification** is required to change student's start date.

Start Date: \_\_\_\_\_

Registration fee paid: \_\_\_\_\_

Check# \_\_\_\_\_

Final Balance Deposit: \_\_\_\_\_

Check#: \_\_\_\_\_

Room Assignment: \_\_\_\_\_

Schedule: \_\_\_\_\_

Enrollment Packet and Handbook: \_\_\_\_\_

Monthly Tuition Rate: \_\_\_\_\_

Notes: \_\_\_\_\_