

Mountain View-Los Altos Montessori Children's Center
Application for Enrollment

Application Fee: \$75.00 (non-refundable)

Applying for: Fall 20____

Name of Child:_____ M or F (circle) Birth date:_____

Mother's Name:_____ Father's Name:_____

Address:_____ Address:_____

City:_____ Zip:_____ City:_____ Zip:_____

Phones: (home)_____ Phones: (home)_____

(work)_____ (work)_____

(cell)_____ (cell)_____

Occupation:_____ Occupation:_____

Email:_____ Email:_____

Has your child had any previous experience in any other programs? Yes____ No____

If so, please describe:

I wish to enroll my child, _____, at Mountain View-Los Altos Montessori Children's Center for the 20____ school year in the program indicated below (all choices are 5 days/week and are for children ages 2.6 through 6 years of age):

AM (8:30-12:00)

¾ Day (8:30-3:00)

Full Day/4 (8:30-**4:00**)

Full Day/5 (8:30-**5:00**)

Full Day/6 (8:30-**6:00**)

- ♦ There is a 10% discount on tuition fees for siblings.
- ♦ Annual tuition fees are divided into 10 equal monthly payments for your convenience.
- ♦ Referred by (if applicable)_____

Parent's Signature_____

Date_____