



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: _____