

San Marin Montessori



Child's name _____

Nickname _____ Date of Birth _____

Address _____

City _____ Zip _____

Child Lives with:

Both parents _____ Father _____ Mother _____

Siblings:

Name _____ age _____ Name _____ age _____

Name _____ age _____ Name _____ age _____

Previous experience away parents/home: (check one or write explanation)

Nanny _____ Babysitter _____ Daycare _____

Father's Name _____

Occupation _____

Employer _____ phone _____

Home phone _____ Cell _____

e-mail _____

Mother's Name _____

Occupation _____

Employer _____

Home phone _____ cell phone _____

e-mail _____

**I, hereby, make application for the above child in San Marin
Montessori for the academic year,**

Beginning _____
Month/year

And ending June _____.
year

Check 1st choice and indicate which days, (Monday – Thursday) are your preference:

9:00 am – 1:00 pm

3 days per week _____

4 days per week _____

9:00am-3:00pm

3days per week _____

4 days per week _____

If you are flexible on the days per week please check here _____

We will make every attempt to honor your requested days. Sometimes a long wait list prohibits giving everyone their first choice of days.

I have enclosed the \$50.00 application fee. (non-refundable)

Signature: _____

Date: _____

Notes

- \$250 composite fee is due at the time of acceptance to the program.
- Tuition is due on the 1st of the month preceding enrollment date.
- Receipt of this application puts your child on our waiting list.