

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 _____

Tuition

4 days per week 9:00 A.M to 1:00 P.M - \$1170.00

Beginning _____

Month/Year

I have enclosed the \$45.00 application fee. (non-refundable, applicable into Enrollment fee)

Signature _____

Date: _____

Notes

- \$\$375.00 Enrollment 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.

License # 214200208