

**MONTESSORI LEARNING FOR LIVING PRESCHOOL & KINDERGARTEN**  
 16900 DEWITT AVE/P.O. BOX 1594, MORGAN HILL CA. 95038 779-6488  
 www.montessorimorganhill.com

"HOUSE" (3 1/2-6 yrs.)

REGISTRATION FORM

Year: 2017-2018

**Child's Information**

Child's Full Name \_\_\_\_\_  
 Name you would like used at school \_\_\_\_\_  
 Birthdate \_\_\_\_\_ Age \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_ Home# \_\_\_\_\_  
 Mailing Address (if different) \_\_\_\_\_  
 Previous Schools Attended \_\_\_\_\_

**List names and ages of brothers and sisters:**

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_  
 Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

**Parent Information**

Mother's Name \_\_\_\_\_ Cell# \_\_\_\_\_  
 Email \_\_\_\_\_ Work# \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 Address (if different) \_\_\_\_\_ City \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Cell# \_\_\_\_\_  
 Email \_\_\_\_\_ Work# \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 Address (if different) \_\_\_\_\_ City \_\_\_\_\_

**SCHEDULE DESIRED (circle days and times)**

Half-Day Session 9:00-1:00		Full-Day Session 9:00-3:30	
3 Days: MTW	\$475	3 Days: MTW	\$580
3 Days: WThF	\$475	3 Days: WThF	\$580
4 Days: MTThF	\$550	4 Days: MTThF	\$655
5 Days:	\$625	5 Days:	\$735
		Tuition Amount (per month)	\$ _____

Extended hours needed? If yes, list times: \_\_\_\_\_ Nap? Y or N (extended hrs. amt.) \$ \_\_\_\_\_

**Total Monthly Tuition:** \$ \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_