

MONTESSORI LEARNING FOR LIVING PRESCHOOL & KINDERGARTEN
 16900 DEWITT AVE/P.O. BOX 1594, MORGAN HILL CA. 95038 (408)779-6488
 www.montessorimorganhill.com

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

REGISTRATION FORM

Year: 2019-2020

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 \$495	3 Days: MTW \$600
3 Days: WThF \$495	3 Days: WThF \$600
4 Days: MTThF \$575	4 Days: MTThF \$680
5 Days: \$650	5 Days: \$760
	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: _____

Office Use Only: Reg Fee Paid: <input type="checkbox"/>	Check # _____	Cash \$ _____
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