My First Montessori

19118 Brookhurst St. • Huntington Beach, CA 92646 • (714) 962-2620

Enrollment Application 2013-2014

Child's Name	<u>.</u>			Date of Birth://
	Last	First	Middl	е
Program: Infa	ant/Toddler/Pre	eschool/K – Pi	rimary F	Requested Start Date://
Requested So	chedule:			
Child's Addre	ss:			Gender: M / F
Mother's Nar	me:			Cell Phone: ()
Home Addres	ss:			Home Phone: ()
Work Place:_				Occupation:
Work Address	3:			Work Phone: ()
Father's Nam	ne:			Cell Phone: ()
Home Addres	ss:			Home Phone: ()
Work Place:_			(Occupation:
Work Address	3:			Work Phone: ()
Mother's/Fath	ner's Email Add	resses:		
What would y	ou like us to kr	now about you	ır child? _	
How did you h	near about us?			
Mother/Guard	lian Signature _.			Date://
Father/Guard	ian Signature _			Date://
** There is a 9	\$200 deposit re	equired to hold	l vour chi	ld's place for enrollment. The

^{**} There is a \$200 deposit required to hold your child's place for enrollment. The deposit will be fully applied toward the last month's tuition payment and is non-refundable. Please make check payable to My First Montessori and enclose with this application.

For Office Use Only

Date Received		_ by	_	
Deposit Amt. Pd \$		on	_Payment Method	
Packet Given [Date	_ by	_ in person or email to	
Packet Type:	Infant/Toddler	Pre-K/K1	Family Handbook	
Assigned Class		_Schedule Confirmed _	Meet & Greet	
Parent Commu	unication:			