# My First Montessori

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

## Enrollment Application
## 2015 - 2016

Child's Name:_____ Date of Birth:____ /____/_____
Last First Middle

Program: Infant/ Toddler/ Transitional/ Preschool/ Kindergarten/ Primary

Requested Start Date:____/____/_____ Requested Schedule: _____

Child's Address:_____ Gender: M / F

**Mother's** Name:_____ Cell Phone: ( ) _____

Home Address:_____ Home Phone: ( ) _____

Work Place:_____ Occupation:_____

Work Address:_____ Work Phone: ( ) _____

**Father's** Name:_____ Cell Phone: ( ) _____

Home Address:_____ Home Phone: ( ) _____

Work Place:_____ Occupation:_____

Work Address:_____ Work Phone: ( ) _____

Mother's/Father's Email Addresses:_____

What would you like us to know about your child? _____

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Prior Daycare/ School _____

How did you hear about us? _____

Mother/Guardian Signature _____ Date: _____/_____/_____

Father/Guardian Signature _____ Date: _____/_____/_____

** There is a $300 deposit required to hold your child's place for enrollment. The deposit will be fully applied toward the last month's tuition payment with 30 days notice given of withdrawal 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/Transitional Pre-K K/Elementary Family Handbook

Assigned Class _____ Schedule Confirmed _____Meet & Greet _____

Parent Communication: