

Montessori School of Manhattan Beach

APPLICATION FORM

Child's Name: _____ Birthdate: _____ Male Female

I have a sibling currently enrolled: Yes No

Address: _____

City/State/Zip: _____

Father's Name: _____

Home Phone: _____

Occupation: _____

Work Phone: _____

Firm: _____

Cell Phone: _____

Mother's Name: _____

Home Phone: _____

Occupation: _____

Work Phone: _____

Firm: _____

Cell Phone: _____

Desired Starting Date: _____

Campus: Peck _____ Bell _____

**** (Start date will be determined by availability) ****

Currently Potty Trained: Yes No

Desired Schedule:	Half Day AM	_____	9:00 am – 12:00 pm
	Half Day PM	_____	12:00 pm – 3:00 pm
	Full Day	_____	9:00 am – 3:00 pm

Extended Day Care:	Morning	_____	7:00 am – 9:00 am
	After School	_____	3:00 pm – 6:00 pm

Toddler Program (18months)
(BELL CAMPUS ONLY)

Half Day	_____	9:00 am – 12:00 pm
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Toddler Extended Daycare
(BELL CAMPUS ONLY)

Monday – Friday	_____	12:00 pm – 6:00 pm
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I have enclosed the one-time application fee of \$400. I understand this fee is **neither refundable nor applicable toward tuition.**

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Ck #:

Amt: