



**2016-2017 Montessori APPLICATION FORM**

Child's Name \_\_\_\_\_ D.O.B \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_

Starting Date \_\_\_\_\_

Please choose from the following options:

- 10 months/year (August 22, 2016 – June 16, 2017)
- Summer Program (July – August 2017)

- |  |                         |       |
|--|-------------------------|-------|
| <input type="checkbox"/> 5 Days/Week             | (9:00 AM to 3:00 PM)    | \$950 |
| <input type="checkbox"/> 5 Days/Week (Half Days) | (9:00 AM to 12:00 Noon) | \$750 |
| <input type="checkbox"/> 3 Days/Week             | (9:00 AM to 3:00 PM)    | \$650 |
| <input type="checkbox"/> 3 Days/Week (Half Days) | (9:00 AM to 12:00 Noon) | \$500 |

Extended Day Care (7:30 AM to 9:00 AM)  
(3:00 PM to 6:30 PM)

- 5 Days/Week + \$250
- 3 Days/Week + \$200

\$200 Application Fee – Upon enrollment, becomes non-refundable Registration fee

\$250 Deposit (applied to last bill)