

Montessori School of Central Marin

2018-2019 APPLICATION FOR ENROLLMENT

317 Auburn Street, San Rafael, CA 94901 (415) 456-1748 Web: montessoricentralmarin.org
Director: Doris Barbieri

I hereby request space for my child for the program specified below. I enclose a non-refundable application fee of \$100 and a tuition deposit of \$500, which will be applied to the last tuition payment for the 2018-19 school year.

Child's Name: _____ Age: _____ Birthdate: _____

Place of Birth: _____ Race/Ethnicity: _____ Gender: _____

PROGRAMS FOR THE 2018-2019 SCHOOL YEAR

August 28th, 2018 to May 31st, 2019

Half Day (3 hours) 9:00 am - 12:00 pm 12:00 pm - 3:00 pm

Extended Day (6 hours) 9:00 am - 3:00pm 12:00 pm - 6:00 pm

Daycare 7:00 am - 6:00 pm

Number of Days Per Week 2 Days (T-Th) 3 Days (M-W-F) 5 Days

When would you like your child to start at MSCM?

Fall Term (Aug 28th start) Spring Term (Jan 7th start) Other: _____

If we are unable to accommodate your child for the term and/or program you requested, would you like to remain on the wait list until a space becomes available? Yes No

I wish to pay tuition in: 9 monthly installments (Sep - May) 1 installment (due Sept 1)

Parent's Name: _____

Relation to Child: _____ Occupation: _____

Address: _____ Zip: _____

Day Phone: _____ Cell Phone: _____

Email Address: _____

Parent's Name: _____

Relation to Child: _____ Occupation: _____

Address: _____ Zip: _____

Day Phone: _____ Cell Phone: _____

Email Address: _____

Parent/Guardian Signature: _____

Date: _____

To be completed by Director: Date Received: _____ Deposit _____ Enrollment Package Room No _____

