

Montessori School of Central Marin

2020-2021 APPLICATION FOR ENROLLMENT

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

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 2020-21 school year.

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

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

PROGRAMS FOR THE 2020-2021 SCHOOL YEAR

September 1, 2020 to May 28, 2021

- Daycare 8:00 am - 5:00 pm
Number of Days Per Week 3 Days (M-W-F) 5 Days
Distance Learning \$500 per month \$750 per month

When would you like your child to start at MSCM?

- Fall Term (Sept 1st start) Spring Term (Jan 4th 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 waitlist until a space becomes available? Yes No

I wish to pay tuition in: 9 monthly installments (Sep - May)

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 _____