

# Montessori School of Central Marin

## 2024-2025 APPLICATION FOR ENROLLMENT

317 Auburn Street, San Rafael, CA 94901 (415) 456-1748 Web: [montessoricentralmarin.org](http://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 2024-25 school year. **\$500 deposit is refundable if application is withdrawn 60(+) days prior to enrollment start date.**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_

### PROGRAMS FOR THE 2024-2025 SCHOOL YEAR

August 26, 2024 to June 5, 2025

Daycare  7:30 am - 5:30 pm

School Day  9:00 am - 3:00 pm

Number of Days Per Week  3 Days (\_\_, \_\_, \_\_)  4 Days (\_\_, \_\_, \_\_, \_\_)  5 Days (M-F)

When would you like your child to start at MSCM?

Fall Term (Aug. 26<sup>th</sup> start)  Spring Term (Jan 7<sup>th</sup> 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

Parent's Name: \_\_\_\_\_

Relation to Child: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Relation to Child: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*To be completed by Director: Date Received: \_\_\_\_\_ Deposit \_\_\_\_\_ Enrollment Package  Room No \_\_\_\_\_*

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Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

### Childcare History:

Has your child attended a childcare environment out of your home? Yes  No

Full time or part time? \_\_\_\_\_ How many children at program/care center? \_\_\_\_\_

Has your child been in the care of a nanny or caretaker other than family before? Yes  No

### Nap Time:

Does your child nap at home? Yes  No  If yes, for how long? \_\_\_\_\_

Please indicate if your child uses any of the following for comfort, while taking a nap?

pacifier  bottle  sippy cup  blanket  lovey  other: \_\_\_\_\_

Has your child napped away from home/parents before? Yes  No

### Lunch and Snack Time:

Does your child have food allergies? Yes  No  Is this allergy life threatening? Yes  No

If yes, please describe: \_\_\_\_\_

Does your child have any dietary restrictions? Yes  No

Vegetarian? Yes  No  Vegan? Yes  No   other: \_\_\_\_\_

Does your child use any of the following at meal time?

Fork or spoon? Yes  No  High chair? Yes  No  A cup? With lid  without lid

### Potty Habits:

Does your child wear diapers/pull ups? Yes  No  Other: \_\_\_\_\_

Does your child use a potty chair or adult toilet? \_\_\_\_\_

If your child is potty trained, does he/she need a pull-up/diaper at nap? Yes  \_\_\_\_\_ No

### Your Child:

Please give us a brief description of your child to help us become familiar with his/her: Is there anything we should know about your child? Ex: likes/dislikes, does he/she put things in their mouth, any fears (people, noises, etc.), behavior when upset, and any other thoughts or concerns for the coming year?

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