

Montessori School of Central Marin

2024-2025 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 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 **\$500 deposit is refundable if application is withdrawn 60(+) days prior to enrollment start date.**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 May 29, 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. 26th 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 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?
