The Child Unique Montessori School

ENROLLMENT APPLICATION for PRESCHOOL/KINDERGARTEN 2017-2018

	Last	First	
Date of Birth: _			
Parent Name:		Phone (h):	
Email address:		Dhone (a).	
Address:			
Parent Name: _		Phone (h):	
Email address: _		Phone (c):	
Address:		City/Zip:	
	I in immediate en	rollment () I am interested in enre	ollment beginning:
DAYS: () Monday – Frid () Please conside	lay er a special sche) Monday – Wednesday (dule, if possible: <i>indicate needs</i>) Thursday – Friday
SITE & SCHEDUL		(Afrainal a state	/ \ Taules
() Pacific 18 I	m – 3 yrs	() Encinal – 3 yrs through K	
() 8:30 – 2:30		() 8:30 – 2:30	() 8:30 – 11:30
() 2:30 – 5:30 () Fulltime		() 1:00 – 4:00 () Fulltime	() 8:30 – 2:30 () 2:00 – 5:00
() Fullulle		() Fulluitie	
		lable - please attach): n ()\$75 returning student registratio	() Fulltime on () \$75 waitlist fee
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