



Pre-Enrollment Application 2010-2011

Today's Date: _____ Desired Start Date: _____

Child's Name: _____
(First) (Middle) (Last)

Birth Date: _____ or Due Date: _____ Gender: M__ F__

Address _____
(street) (city/state) (zip)

Mother's Name _____

Home Phone _____ Cell Phone _____

Father's Name _____

Home Phone _____ Cell Phone _____

E-MAILS: _____

How did you hear about Mission Montessori? _____

Please indicate the program(s) you would like for your child:

Kindergarten:

Full Day (8:30-3:00) Extended Day (7:00-6:00)

Preschool 3-5:

Half Day (8:30-12:30) Full Day (8:30-3:00) Extended Day (7:00-6:00)

Desired Days of the week: _____

Toddler 2-3:

10 hour maximum day

Half Day (8:30-12:30) Full Day (8:30-3:00) Extended Day (7:00-6:00)

Desired Days of the week: _____

Infant 3 months-24 months:

10 hour maximum day

Half Day (8:30-12:30) Full Day (8:30-3:00) Extended Day (7:00-6:00)

Desired Days of the week: _____

| | | |
|------------------------|------------------------------|---------------------------------------|
| Start Date: _____ | Registration fee paid: _____ | Check# _____ |
| Room Assignment: _____ | Schedule: _____ | Enrollment Packet and Handbook: _____ |