

Registration Form

Child's Name

Date of Birth

Parent's Name

Street Address City, zip code

Home Phone Cell Phone

E-mail: _____

Programs (Indicate 1st or 2nd choice)

Full Day 8:30-3:30 \$560/mo

Five a.m. 8:30-11:30 \$360/mo

Five p.m. 12:30-3:30 \$360/mo

Options

Early drop off 7:30-8:30 \$70/mo

Lunch/Recess 11:30-12:30 \$80/mo

Extended Day 3:30-4:30 \$70/mo

Late Day 4:30-5:30 \$70/mo

Starting date

Summer session ____year

Fall session ____year

I have read and understand the enrollment policies of The Montessori Children's Garden and wish to register my child for enrollment. Enclosed is a \$50 non-refundable registration fee.

Signature of Parent

Date