

# Registration Form

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

\_\_\_\_\_  
Date of Birth

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

\_\_\_\_\_  
Street Address    City, zip code

\_\_\_\_\_  
Home Phone    Cell Phone

\_\_\_\_\_  
E-mail

## Programs (Indicate 1<sup>st</sup> or 2<sup>nd</sup> 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 3:30-5:30    \$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