

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 \$650/mo
☐ Five a.m. 8:30-11:30 \$450/mo
☐ Five p.m. 12:30-3:30 \$450/mo

Options

☐ Early drop off 7:30-8:30 \$90/mo
☐ Lunch/Recess 11:30-12:30 \$90/mo
☐ Extended Day 3:30-4:30 \$90/mo
☐ Late Day 4:30-5:30 \$90/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 \$75 non-refundable registration fee.

Signature of Parent

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