

# APPLESEED ALMADEN MONTESSORI SCHOOL

5200 Dent Ave.  
San Jose, CA 95118  
Tel: (408) 264-7333

## APPLICATION FOR ADMISSION

Child's Name: \_\_\_\_\_  
Last First Middle GIRL (OR) BOY  
Date of Birth: \_\_\_\_\_  
Month Day Year  
Home Address: \_\_\_\_\_  
Number Street City Zip  
Last School Attended: \_\_\_\_\_ Date: \_\_\_\_\_  
Special Considerations: \_\_\_\_\_  
(Allergies, Diet, Physical, Health, Custody, etc.)

### PLEASE SELECT A PROGRAM:

#### Toddler Program

Full Time 7:00-6:00  School Day 9:00-3:00  AM 8:30-12:30  PM 1:30-4:30  
 2 Days  3 Days  4 Days

#### Bilingual Program: Pre-School / Pre-K / Kindergarten

Full Time 7:00-6:00  School Day 9:00-3:00  AM 8:30-12:30  PM 1:30-4:30  
 2 Days  3 Days  4 Days

#### Pre-School / Pre-K / Kindergarten Program

Full Time 7:00-6:00  School Day 9:00-3:00  AM 8:30-12:30  PM 1:30-4:30  
 2 Days  3 Days  4 Days

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Driver's License # \_\_\_\_\_  
Email: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Driver's License # \_\_\_\_\_  
Email: \_\_\_\_\_

All enrollment applications are subject to approval and placement is not guaranteed until a \$245.00 (non-refundable) registration fee and deposit has been paid and the admission agreement has been signed.

I/We acknowledge I/we have received the Parent Handbook.

I/We, the parent(s) or legal guardian(s) of the child named above am/are hereby making application for this child to participate in the programs of AppleSeed Almaden Montessori School.

I/We grant authority to AppleSeed Almaden Montessori School to verify the information provided above.

Parent(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use ONLY:** Starting Date: \_\_\_\_\_ Room #: \_\_\_\_\_  
Enrollment Received Date: \_\_\_\_\_ Received by: \_\_\_\_\_  
Deposit \$ \_\_\_\_\_ Check# \_\_\_\_\_ Check Date: \_\_\_\_\_ Registration fee \$ \_\_\_\_\_ Check# \_\_\_\_\_ Check Date: \_\_\_\_\_  
The Child has a sibling(s) attending AppleSeed Almaden Montessori School Y/N Room # \_\_\_\_\_ Discount: \_\_\_\_\_