

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

TIME: () Full Time 7:00-6:00 () School Day 9:00-3:00 () AM 9:15-12:30 () PM 2:30-5:30
DAYS: () 5 days/week () Monday/Wednesday/Friday () Tuesday/Thursday

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

TIME: () Full Time 7:00-6:00 () School Day 9:00-3:00 () AM 9:15-12:30 () PM 2:30-5:30
DAYS: () 5 days/week () Monday/Wednesday/Friday () Tuesday/Thursday

Pre-School / Pre-K / Kindergarten Program

TIME: () Full Time 7:00-6:00 () School Day 9:00-3:00 () AM 9:15-12:30 () PM 2:30-5:30
DAYS: () 5 days/week () Monday/Wednesday/Friday () Tuesday/Thursday

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 \$100.00 (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: _____