

Montessori Schools

APPLICATION FOR ENROLLMENT

Montessori School of Brentwood, Inc. 3421 Balfour Road Brentwood, CA 94513 (925) 516-2111

Director: Shakuntala Chhagan www.MontessoriCA.com br@montessorica.com

Montessori School of Modesto, Inc. 3501 San Clemente Avenue Modesto, CA 95356 (209) 567-1115

> Director: Ava Segura www.MontessoriCA.com mo@montessorica.com

Montessori School of Mountain House 685 North Montebello Street Mountain House, CA 95391 (209) 836-7459 Director: Cecilia Gerej WWW.MontessoriCA.com mh@montessorica.com

Montessori School of San Leandro, Inc. 16492 Foothill Boulevard San Leandro, CA 94578 (510) 278-0288

> Director: Edith Vasquez www.MontessoriCA.com slp@montessorica.com

Montessori School of Tracy, Inc. 100 South Tracy Boulevard Tracy, CA 95376 (209) 833-3458

> Director: Teresa Moreno www.MontessoriCA.com tr@montessorica.com

Montessori School at Washington Ave., Inc 14795 Washington Avenue San Leandro, CA 94578 (510) 357-8432

> Director: Marian Youssef www.MontessoriCA.coms wa@montessorica.com

I hereby request space for my child for the program and location specified below. I enclose a non-refundable application fee of \$100.00.

Child's Name:		Age:	_ Birthdate:
Address:	City:		_ZIP:
	PROGRAM	S	
Half Day (3 h	ours} 🗖 9:00AN	и-12:00PM 🗆	12:30PM - 3:30PM
Extended Day	(6 hours) 9:00AM	и - 3:00PM 🗆	1 12:00РМ - 6:00РМ
Day Care Pro	gram 6:30AI	и - 6:00РМ	
Mother's Name:		Phone:	
Occupation:	Business	Phone:	
Business Address:			
City, State, Zip:			
E-Mail Address:			
Father's Name:		Phone:	
Occupation:		Business Phone	
Business Address:			
City, State, Zip:			
How did you hear about	the Montessori School?		
I understand that thirty or prorated basis with thirty	days written notice is required y days written notice.	of all withdrawals	. Tuition is refunded or
Signature:		Date:	
Pavable to: Tuition Fina	ncial California, P.O. Box 2759	Castro Vallev. C	A 94546