



Springfield Montessori School 2024- 2025

How did you learn about the Springfield Montessori School? (select all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Friend/Neighbor | <input type="checkbox"/> Care.com | <input type="checkbox"/> Live in Neighborhood |
| <input type="checkbox"/> Internet Search | <input type="checkbox"/> Yelp | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> School Website | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Realtor/Housing Development | <input type="checkbox"/> Local Advertising | |

A Non-Refundable \$125.00 Application Fee (SEPARATE CHECK) must be included with this application. Submission & Payment Does Not Guarantee Enrollment

STUDENT INFORMATION

Campus Applying for: Walnut Creek Dublin

Name: _____ Male Female

Home Address: _____

Phone: _____ Preferred Family Email Address: _____

Race/Ethnicity: _____ Date of Birth: _____

City of Birth: _____ State: _____ Country: _____

SCHOOL INFORMATION

Present School: _____ Phone: _____

Address: _____

Program Attending/Attended: _____

FAMILY INFORMATION (LEGAL GUARDIAN)

Name: _____ Relationship to Applicant: _____

Home Address (if different from applicant): _____

Email Address: _____ Home Phone: _____ Cell: _____

Place of Employment: _____ Occupation/Title: _____

Work Address: _____

Work Phone: _____ Work Email Address: _____

Parent Education: _____
HIGH SCHOOL *COLLEGE/UNIVERSITY*

Name: _____ Relationship to Applicant: _____

Home Address (if different from applicant): _____

Email Address: _____ Home Phone: _____ Cell: _____

Place of Employment: _____ Occupation/Title: _____

Work Address: _____

Work Phone: _____ Work Email Address: _____

Parent Education: _____
HIGH SCHOOL *COLLEGE/UNIVERSITY*

WALNUT CREEK: 2780 MITCHELL DRIVE, CA 94598
PHONE: 925. 944.0626 FAX: 925.944.0678
License #073405026

DUBLIN: 5100 BRANNIGAN STREET, CA 94568
PHONE: 925. 828.5102 FAX: 925.828.5108
License #013406853

GENERAL INFORMATION

Has the applicant previously applied to Springfield Montessori School? If yes, when?

Does the applicant have any siblings that have attended Springfield Montessori School? If yes, whom and when?

Is there anything you would like us to know about your child?

What are the objectives you hope to have met by enrolling your child at Springfield Montessori School?

What is the preferred program and schedule that you wish to enroll your child in? *Example: 2024-2025 Toddler 9 to 3, 5 Days.* Please refer to the applicable Academic School Year Fee Structure for current program details & pricing.
