Springfield Montessori School

	How did you learn about the Springfield Montessori School? (select all that apply)							
	☐ Friend/Neighbor ☐ Internet Search ☐ Employer ☐ Realtor/Housing Developn	Care.com Yelp School Websi	☐ Faceboo ite ☐ Other: _	leighborhood bk				
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	INFORMATION	_						
	oplying for:			_				
Name:				_				
	'ess:							
Phone:	hone: Preferred Family Email Address:							
Race/Ethnicity:		Date o	f Birth:					
City of Birth	1:	State:	Country:					
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			Phone:					
rogram At	ung/Allended							
AMILY INI	FORMATION (LEGAL GU	JARDIAN)						
	-	-	Relationship to Applicant: _					
			- ' '' -					
			Cell:					
			Occupation/Title:					
	ess:		•					
	cation:	I SCHOOL	COLLEGE/UNIVE	RSITY				
Jame:			Polationahin to Annii					
			Relationship to Applicant: _					
	, , ,		Call					
			Cell:					
			Occupation/Title:					
	ess:							
arent Edu	cation:	SCHOOL	 COLLEGE/UNIVE	RSITY				
	· man							

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?					

SPRINGFIELD MONTESSORI SCHOOL, INC.

Walnut Creek Registration Application 2020-2021 Academic School Year / New Students

STUDENT:									
Student's Name:									
Street Address:									
City:	Zip Code:								
Telephone:	· · · · · · · · · · · · · · · · · · ·								
Date of Birth:	•								
PARENTS/GUARDIANS:									
Mother's Name:	Mother's Name:								
Mother's Employment:									
Telephone:									
Father's Name:									
Father's Employment:									
Telephone:	· ·								
Toddler: (Check One) Pre-K: (Check One) Kindergarten: (Check One)									
Hours: 9am -12 noo									
5 Day Program	n Install./Year \$1220/\$12200	Hours: 9am -12 noon 5 Day Program	Install./Year \$1175/\$11750	Hours: 9am -12 noon Install./Year 5 Day Program \$1285/\$12850					
4 Day Program	\$1185/\$11850	4 Day Program	\$1140/\$11400	Hours: 9am - 3pm Install./Year					
3 Day Program	\$1150/\$11500	3 Day Program	\$1060/\$10600	5 Day Program \$1455/\$14550					
Hours Cam Zom	Install (Voor	Hours: 0am 2am	Install /Voor	Hours: 7am - 6pm Install./Year					
Hours: 9am - 3pm 5 Day Program	Install./Year \$1420/\$14200	Hours: 9am - 3pm 5 Day Program	Install./Year \$1295/\$12950	5 Day Program \$1725/\$17250					
4 Day Program	\$1385/\$13850	4 Day Program	\$1255/\$12550						
3 Day Program	\$1360/\$13600	3 Day Program	\$1205/\$12050	PM Program: (Check One)					
				Hours: 12 noon - 3pm Install./Year					
Hours: 7am - 6pm	Install./Year	Hours: 7am - 6pm	Install./Year	5 Day Program \$1175/\$11750					
5 Day Program	\$1835/\$18350	5 Day Program	\$1730/\$17300	4 Day Program \$1140/\$11400					
4 Day Program	\$1760/\$17600	4 Day Program	\$1645/\$16450	3 Day Program \$1055/\$10550					
3 Day Program	\$1670/\$16700	3 Day Program	\$1545/\$15450						
TUITION AMOUNT	Г: \$	/installment	\$	/academic school year					
A non-refundable ANNUAL ADMISSIONS FEE in the amount of one tuition installment must accompany this application. A non-refundable REGISTRATION FEE of \$250.00 must accompany this application. A non-refundable ANNUAL MATERIALS FEE of \$250.00 must accompany this application.									
Amount Enclosed: \$									
My signature below indi	cates that I have read th	 the rules, regulations, and polici	ies pertaining to enro	ollment at Springfield Montessori School, Inc.					
Parent/Guardian Signature: Date:									