

Montessori House of Children

12509 Burma Road

Grass Valley, CA, 95945

(530) 274-7938

Enrollment Agreement

School Year: August _____ through June _____

Child's name: _____ Date of birth: _____

Mother's name: _____ Father's name: _____

Phone# _____ Cell# _____ Phone# _____ Cell# _____

Address: _____

City: _____ Zip Code: _____

Please enroll my child in program: 1 – 2 – 3 – 4 a – b – c (please circle)

Please list the days you prefer: 1st choice: _____

2nd choice: _____

My child will arrive at school at: _____ and will leave at: _____

To reserve a place for your child please complete this application and attach a registration fee of \$60.00. This fee is non-refundable and will go towards insurance and registration fees.

Paid: _____

Parent/Guardian signature: _____ Date: _____

How did you hear about us?

Online _____ Referral _____ Drive by _____ Other _____