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# APPLICATION FOR ADMISSION

**Beach Cities Montessori**

**2233 El Segundo Blvd**

**El Segundo, CA.**

Child’s name: Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Male: \_\_\_\_\_\_ Female: \_\_\_\_\_

Home address:

City/State/Zip code:

Home phone number: \_\_\_\_\_\_

Parent 1 Name: Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Number: Work Number:

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 2 Name: \_Occupation:

Cell Number: Work Number:

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of desired admission:

Program (Check one): Full Day\_\_\_\_ Half Day AM\_\_\_\_ Full Day M W F \_\_\_\_

I have enclosed non-refundable registration fee of $200.00

Please make checks payable to Beach Cities Montessori

Signature: Date: