

**REGISTRATION APPLICATION**

**Beach Cities Montessori**

**2233 E. El Segundo Blvd**

**El Segundo, CA. 90245**

 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\_\_\_\_

 I have enclosed a non-refundable registration fee of **$250.00**

 Please make checks payable to Beach Cities Montessori or Venmo @bcmontessori-1

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**