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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\_\_\_\_

I have enclosed non-refundable registration fee of $250.00.

 Please make checks payable to: Beach Cities Montessori or Zelle: shelly@beachcitiesmontessori.com

Signature: Date: