



**MOUNTAIN VIEW  
MONTESSORI**

**Enrollment Application**

*(please print and include \$50.00 application fee)*

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Child's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Child Primarily Lives With: \_\_\_\_\_ Phone: \_\_\_\_\_

.....  
Guardian 1 Name: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

.....  
Guardian 2 Name: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

.....  
*Please circle the following: \*Only 4 full or 5 day programs available for 3-6 program.*

**Desired Montessori Program:** 2-4 yr. olds OR \* 3-6 program **Desired days of the week:** M T W TH F  
**Times:** Full Day (9:00AM to 3:00PM) OR Half Day (9:00AM to 12:00PM)

**Desired Extended Program:** Morning (7:30AM to 9:00AM) AND/OR Afternoon (3:00PM to 6:00PM)

**Desired Days of the week:** M T W TH F

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-----For Office Use Only-----

Date Received: \_\_\_\_\_

Amount Received: \_\_\_\_\_

Received By: \_\_\_\_\_