

SCRIBBLES MONTESSORI SCHOOL
38660 Lexington Street, Fremont CA 94536 (510) 797-9944

Preschool/Kindergarten/Elementary
Application for Enrollment (2011-2012)

I hereby request space for my child _____ aged _____ for the program specified below. I am enclosing a \$50.00 non-refundable registration and processing fee. Upon acceptance of my child to the school, I will pay one-month non-refundable fee as deposit. Tuition deposit will be applied towards the last payment with thirty days advance written notice as long as the child is attending school at the time the notice is given. If thirty days advance written notice is not given the deposit will not be applied towards the last month's tuition payment.

PRESCHOOL	
8:30 a.m. - 11:30 a.m.	<input type="checkbox"/> \$800.00 M-F (Per month) (Room I & II only)
8:30 a.m. - 2:30 p.m.	<input type="checkbox"/> \$900.00 M-F (Per month)
7:00 a.m. - 6:00 p.m.	<input type="checkbox"/> \$1025.00 M-F (Per month)
* \$100.00 additional per month for potty training	
After School Day Care	
2:30 p.m. - 6:00 p.m. (6 yrs - 9 yrs only)	<input type="checkbox"/> \$500.00 M- F (Per month)
KINDERGARTEN	
8:30 - 2:30	<input type="checkbox"/> \$825.00 (Per month)
11:30 - 6:00	<input type="checkbox"/> \$875.00 (Per month)
7:00 - 6:00	<input type="checkbox"/> \$1025.00 (Per month) WITH DAY CARE \$300 Material fee for all Kindergartners (Annual, Non- refundable)
ELEMENTARY	
8:30 - 2:30	<input type="checkbox"/> \$825.00 (Per month)
2:30 - 6:00	<input type="checkbox"/> \$500.00 (Per month)
7:00 - 6:00	<input type="checkbox"/> \$1025.00 (Per month) WITH DAY CARE \$300 Material fee for all elementary children (Annual, Non- refundable)

Parents Name(s) _____ Date _____

Address _____ City _____ Zip _____

Child's Birth Date _____ Home Telephone _____

Mother's Work Phone _____ Father's Work Phone _____

What goals do you have for your child's Montessori education? _____

How did you hear about Scribbles Montessori? _____

Affiliated with American Montessori Society

Important: Please read and sign the reverse side of the application

www.scribblesmontessori.com

SCRIBBLES MONTESSORI SCHOOL
38660 Lexington Street, Fremont CA 94536 (510) 797 - 9944

Preschool/Kindergarten/Elementary
ACCEPTANCE FORM (2011- 2012)

I hereby ACCEPT space for my child _____ aged _____ for the program specified below. I am enclosing a non-refundable deposit of \$ _____. (One month's tuition). The deposit is non-refundable if my child is withdrawn before _____ (start date). The deposit will be applied only as tuition. The deposit will be applied towards the last tuition payment, provided I give thirty days advance written notice of the withdrawal and my child is attending school at the time the notice is given.

PRESCHOOL

- | | | |
|------------------------|--------------------------|--|
| 8:30 a.m. - 11:30 a.m. | <input type="checkbox"/> | \$800.00 M-F (Per month)
(Room I & II only) |
| 8:30 a.m. - 2:30 p.m. | <input type="checkbox"/> | \$900.00 M-F (Per month) |
| 7:00 a.m. - 6:00 p.m. | <input type="checkbox"/> | \$1025.00 M-F (Per month) |
- * \$100.00 additional per month for potty training

After School Day Care

- | | | |
|---|--------------------------|---------------------------|
| 2:30 p.m. - 6:00 p.m.
(6 yrs - 9 yrs only) | <input type="checkbox"/> | \$500.00 M- F (Per month) |
|---|--------------------------|---------------------------|

KINDERGARTEN

- | | | |
|-------------|--------------------------|---|
| 8:30 - 2:30 | <input type="checkbox"/> | \$825.00 (Per month) |
| 11:30-6:00 | <input type="checkbox"/> | \$875.00 (Per month) |
| 7:00 - 6:00 | <input type="checkbox"/> | \$1025.00 (Per month) WITH DAY CARE
\$300 Material fee for all Kindergartners
(Annual, Non- refundable) |

ELEMENTARY

- | | | |
|-------------|--------------------------|--|
| 8:30 - 2:30 | <input type="checkbox"/> | \$825.00 (Per month) |
| 2:30 - 6:00 | <input type="checkbox"/> | \$500.00 (Per month) |
| 7:00 - 6:00 | <input type="checkbox"/> | \$1025.00 (Per month) WITH DAY CARE
\$300 Material fee for all elementary children
(Annual, Non- refundable) |

Parents Name(s) _____ Date _____

Address _____ City _____ Zip _____

Child's Birth Date _____ Home Telephone _____

Mother's Work Phone _____ Father's Work Phone _____

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