

Camarillo Progressive Montessori School

"A place where learning and play go hand in hand"

Registration/Enrollment

I would like to enroll my child in Camarillo Progressive Montessori School.

Student's Name: _____

Students' date of birth: _____ Age: _____

Allergies: _____ Special needs _____

Please check the appropriate program schedule:

Class attending: Teddy (2-3's) Gummy (3-4's) Koala (4-5's) Polar (5-6) Kindergarten

Part Time ~ 8:30am-12:30pm Full Time ~ 8:30am-3:00pm Extended Day ~ 7:00am-6:00pm

Kindergarten ~ 8:30am-2:00pm or 8:30-3:00pm Extended Care ~ 7:00am-6:00pm

Days Attending: M T W Th F

Start date: _____

Parent/Guardian's Name: _____

Address: _____

E-mail address: _____

• This institution is an equal opportunity provider and employer*

Telephone Numbers: Please indicate in the order of preference the best phone number to call first in case of an emergency.

Mother: _____ Father: _____

Home: _____ Home: _____

Work: _____ Work: _____

Cell: _____ Cell: _____

Signature: _____ Date: _____

Check for Registration Fee and Materials of \$150 is enclosed. Check# _____