

Application for Enrollment

Felicita Montessori School

Lifelong Friends, Inc.

2017 Felicita Road

Escondido, CA 92025

760-432-9990

Child's Name: _____
(last) (first) (middle) (nickname)

Address: _____
(number and street) (city) (zip code)

Home Phone: (_____) _____ Sex: M F Age: _____ Birth Date: _____

Father's Name _____ Home Phone (_____) _____
Home Address _____ Occupation _____
Employer _____ Business Phone (_____) _____
Business Address _____ Cell Phone (_____) _____

Mother's Name _____ Home Phone (_____) _____
Home Address _____ Occupation _____
Employer _____ Business Phone (_____) _____
Business Address _____ Cell Phone (_____) _____

Email Address: _____

- School mail should be sent to both parents at home address: yes no
If other, please state _____
- Child's previous schools: _____
- Name and ages of siblings: _____

Please indicate your preferred schedule below: Preschool *Transitional Kindergarten *Kindergarten

*For Transitional Kindergarten and Kindergarten programs, a child must meet age requirements and attend a min. of 5 half days per week.

Parents are encouraged to have their children in school no later than 9:00 a.m. so that they are here to participate in all learning activities.

Full Day (8:30 to 3:00)

- _____ 5 days per week
- _____ 4 days per week (not _____)
- _____ 3 days per week (M-W-F)
- _____ 2 days per week (T-TH)

Half Day (8:30 to 12:00)

- _____ 5 days per week
- _____ 4 days per week (not _____)
- _____ 3 days per week (M-W-F)
- _____ 2 days per week (T-TH)

NOTE: Felicita Montessori is a school setting. We have a morning half-day session and a full day session available. There is no afternoon half-day session. Extended care is provided only for children who are attending school on any given day. We do not provide drop-in day care services.

Preferred Start Date: _____

I have enclosed a registration fee of \$100.00, which I understand is **NON-refundable and is not applicable to tuition.** If my child is accepted for enrollment, I understand that the first and last month's tuition will be due prior to the first day of attendance

(Signature of Parent or Guardian)

(Date of Application)

For Office Use Only

Amount Due

Date application received: _____ Current month's fee: _____
Registration fee paid: _____ Last month's deposit: _____
Starting Date: _____
Parent packet given on: _____ TOTAL DUE: _____