

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: _____

Children age 3 and older must be potty-trained. Child is potty-trained. _____ Child is not potty-trained. _____

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: _____

- 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.

Full Day (8:30 to 3:00)

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

Half Day (8:30 to 12:00)

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

NOTE: Felicita Montessori is a school setting. We do not provide drop-in day care services. We have a morning half-day session and a full day session available. Full day children must arrive prior to 10:00 a.m.. There is no afternoon-only attendance. Extended care is provided only for children who are attending school on any given day.

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

Date application received: _____
Registration fee paid: _____ Check # _____
Parent packet given on: _____