



**APPLICATION FOR ENROLLMENT
2017-2018 SCHOOL YEAR**

1468 GRANT ROAD, LOS ALTOS, CA 94024

PHONE: (650) 968-5957 FAX: (650) 968-2052

admin@montecitoschool.com www.montecitoschool.com

CHILD'S NAME _____ BIRTHDATE _____ M ___ F ___

HOME ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ ETHNICITY (OPTIONAL) _____

Is this your first year at Montecito School? YES NO IF NO, WHEN DID YOU ATTEND? _____

Sibling name(s) and age(s): _____

Primary Language Spoken at home: _____ Does your child have an IEP or IFSP? Y ___ N ___

PRIVACY STATEMENT: Check here _____ if you **do not** want the School to release your family contact information or class lists for other parents to contact you for activities and play dates.

SELECT THE CLASSES YOU ARE REGISTERING FOR (IF MORE THAN ONE OPTION WORKS FOR YOU, LABEL YOUR CHOICES FIRST AND SECOND)

Age Group	Schedule	Morning	Afternoon	F/T	Birth Date Requirements
2-year-olds	Tues/Thurs	_____	_____	_____	Children must turn 2 by September 1, 2017
2-year-olds	Mon/Wed/Fri	_____	_____	_____	Children must turn 2 by September 1, 2017
2-year-olds	Mon.-Fri.	_____	_____	_____	Children must turn 2 by September 1, 2017
3-year-olds	Tues/Thurs	_____	_____	_____	Children must turn 3 by September 1, 2017
3-year-olds	Mon/Wed/Fri	_____	_____	_____	Children must turn 3 by September 1, 2017
3-year-olds	Mon. - Fri.	_____	_____	_____	Children must turn 3 by September 1, 2017
4-year-olds	Mon/Wed/Fri	_____	_____	_____	Children must turn 4 by September 1, 2017
4-year-olds	Mon. - Fri.	_____	_____	_____	Children must turn 4 by September 1, 2017
5-year-olds/Pre-K	Mon. - Fri.	_____	_____	_____	Children must turn 5 by February 28, 2018
Kindergarteners	Mon. - Fri.	N/A	_____	N/A	Children must turn 5 by September 1, 2017
Enrichment Only		T/TH 7:30 am to 6:00 pm			Children ages 2 to entry into 6 th grade
		M/W/F 7:30 to 8:45 am & 11:30 am to 6:00 pm			

Children with 5th birthdays after 9/1/17 may enroll in Pre-K, but not in Kindergarten. Kindergarteners interested in attending more than 3 hours per day may attend up to 6 ½ hours daily by attending Kindergarten and Enrichment.

Please complete one (1) Application, a signed Admissions Agreement, and pay the Deposit, Application Fee and Materials Fee for each child whom you are enrolling. Parent(s) agree(s) to immediately notify School in writing of any changes to any information contained in this Application.

Initials _____ Date _____

PARENT(S) CONTACT INFORMATION

Father/Guardian _____ Mother/Guardian _____
Email _____ Email _____
Home Phone _____ Home Phone _____
Work Phone _____ Work Phone _____
Cell Phone _____ Cell Phone _____

Name(s) of person(s) living with the child _____
Name(s) of primary contact person(s) _____
Name(s) of person(s) responsible for paying tuition _____

Additional Person to Receive Duplicate Classroom and School e-information (optional)

Name _____ Email _____
Relationship to Child _____

How did you hear about Montecito?

On-line Ad (at which web sites?) _____
Family or Friend (insert name(s)) _____
Hard Copy Ad (which publication?) _____
Drove By _____ Mom's or Other Group (insert names) _____
I am an Alumnus _____ Other (be specific) _____

(The above information is used solely by Montecito for market research purposes)

I hereby give permission for my child to be **photographed or video taped** at Montecito School and/or on school field trips. I understand that these pictures/videos will only be used by and for Montecito for educational and/or advertising projects or purposes.

Parent's Signature: _____ Date _____

SPECIAL REQUESTS:

Montecito will do its best to honor each parent's class choices and special requests. Requests related to health and safety will be honored. However, we cannot guarantee that your child(ren) will be placed in a classroom and/or with a teacher(s) that you have requested. Classroom placement decisions are based on each child's age and social development, and made at the discretion of Montecito School.

Please initial here _____ to indicate your understanding of the special request option described above.

OFFICE USE ONLY Start Date: _____ Class Code (Room): _____ 2 Free Drop-in Hrs _____
Deposit \$ _____ App Fee \$ _____ Monthly Tuition \$ _____ Materials Fee \$ _____
Prorated Tuition (if applicable): \$ _____ Check # _____ Total Check Amount: \$ _____
WL Only: WL Date: _____ WL Check #: _____ WL Check Amt: \$ _____
Drop-in Enrichment Only? Y/N **Currently Enrolled Sibling(s):** _____