

APPLICATION FOR ENROLLMENT

2009-2010 SCHOOL YEAR

MONTECITO PRESCHOOL

1468 GRANT ROAD, LOS ALTOS, CA 94024

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

E-MAIL: admin@montecitopreschool.com; WEBSITE: www.montecitopreschool.com

ENROLLEE PRIVACY INFORMATION – Place a check mark here _____ if you **DO NOT** want the School to release any of your contact information to other parents (This is only used on class lists for other parents to use for play dates or birthdays).

CHILD'S/ENROLLEE'S FULL NAME: _____

NICKNAME(S) (if applicable): _____ **BIRTH DATE:** _____ **GENDER:** _____

HOME ADDRESS: _____

CITY, STATE: _____ **ZIP CODE:** _____

HOME PHONE: _____ **Ethnicity (Optional):** _____

Is this the first year you have enrolled a child at Montecito Preschool? Y ___ N ___ Year Last Attended _____

Brothers and sisters (state name(s) and age(s)): _____

DOES YOUR CHILD HAVE AN IEP? Y ___ N ___ IF SO, PLEASE PROVIDE A COPY FOR YOUR CHILD'S FILE.

IS ENGLISH YOUR CHILD'S SECOND LANGUAGE? Y ___ N ___ IF SO, PRIMARY LANGUAGE: _____

THE ABOVE INFORMATION HELPS US CREATE BALANCED CLASSES.

AVAILABLE CLASSES:

check one or rank choices

Age Group	Days of the Week	Number of Days Per Week	Mornings	Afternoons
TWOS	Tues. & Thurs.	2	_____	N/A
TWOS & THREES	Tues. & Thurs.	2	N/A	_____
THREES	Tues. & Thurs.	2	_____	_____
THREES	Mon., Wed. & Fri.	3	N/A	_____
FOURS	Mon., Wed. & Fri.	3	_____	_____
PRE-KINDERGARTEN	Mon., Wed. & Fri.	3	_____	N/A
PRE-KINDERGARTEN	Mon. through Fri.	5	N/A	_____
DROP-IN PROGRAMS	Available Monday – Friday 7:30 - 8:45 am & 11:30 am - 6 pm	Unlimited Monthly <input type="checkbox"/> Drop-In (hourly) Only <input type="checkbox"/>		

Please complete one (1) Application for Enrollment (“Application”) for each Enrollee/Child. Parent(s) agree(s) to immediately notify Preschool in writing of any changes to the contact information contained in this Application.

To complete the enrollment process, Parent(s) must submit this completed Application, a signed Admissions Agreement, and Parent(s) must pay Deposit by the deadlines stated in the Admissions Agreement and in the enrollment letter.

OFFICE USE ONLY – Start Date: _____ Class Code: _____ Room Code: _____		
Deposit Amt: \$ _____	Monthly Tuition: \$ _____	Prorated Tuition (if applicable): \$ _____
Date Payment Rec'd: _____	Total Paid: \$ _____	Payment Method/CK #: _____
Drop-In Only: Start Date: _____	Check #: _____	Check Amt: \$ _____
WL Only: Waitlist Date: _____	WL Check #: _____	WL Check Amt: \$ _____
Currently Enrolled Sibling(s) (if any): _____		

Page 2 of Application for Enrollment
MONTECITO PRESCHOOL

PARENT(S) CONTACT INFORMATION

Father's Name (if applicable): _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Mother's Name (if applicable): _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

E-mail address (optional): _____

OPTIONAL: Additional Mailing Address (if applicable):

Name: _____ Relationship to Enrollee: _____

Address: _____ Phone #: _____

Who is the child living with?

Who is the primary contact person?

Who is responsible for tuition payments?

How did you hear about Montecito?

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

Parent's Signature: _____

Date _____

**** SPECIAL REQUESTS (if any):** _____

** Montecito will do its best to honor Parent's(s') class choices and/or special requests. However, we cannot guarantee that your child(ren) will be placed in the classroom and/or with the teacher(s) that you have requested. Classroom placement is final and at the sole discretion of Montecito Preschool.

Please initial to indicate your understanding of the policy described above. _____