

MONTESSORI OF CALABASAS

4277 Old Topanga Canyon Road Calabasas, CA 91302

REGISTRATION FORM

I would like to enroll my child at Montessori of Calabasas

Prospective Starting Date: _____ Name of Student: _____

Date of birth: _____ Person responsible for tuition: _____

Please select the appropriate program:

Part Time =8:00am – 12:00pm (5 days a week)

Full Time = 8:00am -- 5:00pm

5 days 3 days 2 days Please circle days: M T W TH F **Part Time** = 5 days 8:00 am- 12:00 pm

Potty Trained Y or N Placed on Waitlist Y/N? _____ (Non-refundable Registration Fee)

Parents name: _____ Phone: _____

Address: _____

Email: _____ Occupation: _____

Employed by: _____ Phone: _____

Parents name: _____ Phone: _____

Address: _____

Email: _____ Occupation: _____

Employed by: _____ Phone: _____

In case of emergency or illness, I authorize the following to take my child from the facility and act on my behalf, if I cannot be reached:

Name: _____ Phone: _____

Address: _____

A non-refundable registration fee of \$150.00 must be submitted with each completed Registration Form. Children are enrolled on a first-come, first-serve basis. If space is not available on the prospective start date, your child(ren) will be placed on the waitlist. Your child's placement will be forfeited if he or she does not start within 30 days of the prospective start date. Tuition is due on the 1st of every month. Tuition not paid by the 6th of each month will incur a \$20.00 late fee per week. **Monthly tuition will not be prorated for illness, holidays, or vacation.** ONE MONTH'S WRITTEN NOTICE IS REQUIRED PRIOR TO WITHDRAWAL. The center reserves the right to request that a child be withdrawn if, in the opinion of the center, the child does not adjust or benefit from the program.

I understand and agree to the above terms.

Signature: _____ Date: _____ Registration fee of \$150.00

OFFICE USE ONLY

Classroom: _____ **Entered in:** QuickBooks _____ Class Roster _____ Sign in/out _____ AM/PM Counts _____

Allergy List _____ Emergency Info _____ Cubby _____ Folder _____ LIC Roster _____