



Mills Montessori School

ENROLLMENT APPLICATION

Child's Name: _____ D.O.B. _____

Home Address: _____

Parent 1: _____ Email: _____

Cell Phone Number: _____ Work Phone Number: _____

Parent 2: _____ Email: _____

Cell Phone Number: _____ Work Phone Number: _____

Program Types:

Please check desired program/days

Program	Morning 9:00 AM-12:00 PM	Full day 9:00 AM-2:30 PM	Extended day 7:30 AM-6:00 PM
Pre-School I			
() 5 days per-week	()	()	()
() 4 days per-week	M, T, W, Th, F	M, T, W, Th, F	M, T, W, Th, F
() 3 days per-week	M, T, W, Th, F	M, T, W, Th, F	M, T, W, Th, F
Pre-School II & Kindergarten	()	()	()
Elementary	()	()	()

Application/Registration fee: \$200 for all new students (one time nonrefundable fee)

Parent/guardian signature: _____ Date: _____

School director signature: _____ Date: _____