

# Mills Montessori School

1400 Hillside Blvd. South San Francisco, Ca 94080

## SUMMER 2024 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: \_\_\_\_\_

### Please check desired session/program:

- Summer session I: Monday June 17<sup>th</sup>- Thursday June 27<sup>th</sup> (9 days)
- Summer session II: Friday June 28<sup>th</sup>- Tuesday July 30<sup>th</sup> (18 days) \***Closed July 1<sup>st</sup>- July 5<sup>th</sup>**
- Summer session III: Wednesday July 31<sup>st</sup> - Friday August 23<sup>th</sup> (18 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
<input type="checkbox"/> 5 days per-week	<input type="checkbox"/> \$1100	<input type="checkbox"/> \$1300	<input type="checkbox"/> \$1650
<input type="checkbox"/> 4 days per-week	<input type="checkbox"/> \$1050	<input type="checkbox"/> \$1225	<input type="checkbox"/> \$1500
<input type="checkbox"/> 3 days per-week	<input type="checkbox"/> \$1000	<input type="checkbox"/> \$1200	<input type="checkbox"/> \$1400

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

School director signature: \_\_\_\_\_ Date: \_\_\_\_\_