

# Mills Montessori School

1400 Hillside Blvd. South San Francisco, Ca 94080

## SUMMER 2025 ENROLLMENT APPLICATION

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent 1: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Work number: \_\_\_\_\_

Parent 2: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Work number: \_\_\_\_\_

### Please check desired session/program:

Summer session I: Monday June 16<sup>th</sup>- Thursday June 26<sup>th</sup> (9 days)

Summer session II: Friday June 27<sup>th</sup>- Tuesday July 29<sup>th</sup> (18 days) \*Closed June 30- July 4<sup>th</sup>

Summer session III: Wednesday July 30<sup>th</sup> - Friday August 22<sup>nd</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"/> \$1200	<input type="checkbox"/> \$1400	<input type="checkbox"/> \$1750
<input type="checkbox"/> 4 days per-week	<input type="checkbox"/> \$1150	<input type="checkbox"/> \$1325	<input type="checkbox"/> \$1600
<input type="checkbox"/> 3 days per-week	<input type="checkbox"/> \$1100	<input type="checkbox"/> \$1300	<input type="checkbox"/> \$1500

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

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