

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 16th- Thursday June 26th (9 days)

Summer session II: Friday June 27th- Tuesday July 29th (18 days) *Closed July 1st- July 5th

Summer session III: Wednesday July 30th - Friday August 22nd (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: _____