

ALL ARE FRIENDS MONTESSORI PRESCHOOL

STUDENT APPLICATION FORM

All Are Friends Montessori Preschool
1130 Balclutha Drive, Foster City, CA 94404

For Office Use:
Fee Paid:
Date:

Please register my child _____ for the 20____
school year in the program indicated below.

PROGRAMS

____MORNING PROGRAM (8:30 -12:30)
____FULL DAY PROGRAM (8:30 - 3.00)
____AFTERNOON PROGRAM (12:30 - 3:00 or 12:30 - 5:30)
____EXTENDED PROGRAM (3:00 - 5:30)

We recommend that children attend five days per week. However, we do make available the option of three or four days per week. If you select fewer than five days, please specify the preferred days.

Days per week: 5 days__4 days__3 days__ Preferred days: M T W T F

Child's Date of Birth:_____Desired Start Date:_____

Sex: M F

Parents: Ms/Mrs._____Mr._____

Address:_____

Street City Zip

Home Telephone:_____Cell Phone:_____

Work Telephone: Mother_____

Father_____

Previous school experience:_____

How did you hear about All Are Friends Montessori?_____

Please enclose the non-refundable \$75 registration fee with this form and re-
turn to the school or mail to the above address.

Signature:_____ Date:_____

Note: Submitting this application form with fee will put your child on our waiting list, it does not guarantee enrollment