

Montessori School of Manhattan Beach/Rancho Palos Verdes

32201 Forrestal Dr., Rancho Palos Verdes, CA 90275 (310) 541-0444 Fax (310) 541-9025

315 S. Peck Avenue, Manhattan Beach, CA 90266 (310) 379-9462 Fax (310) 379-2872

2617 Bell Avenue, Manhattan Beach, CA 90266 (310) 545-8104 Fax (310) 545-3001

APPLICATION FORM

Child's Name: _____ Birthdate: _____ Male Female

I have a sibling currently enrolled: Yes No I have a sibling currently on the waitlist: Yes No

Address: _____ City/State/Zip: _____

Father's Name: _____ Home Phone: _____

Occupation: _____ Work Phone: _____

Firm: _____ Cell Phone: _____

Mother's Name: _____ Home Phone: _____

Occupation: _____ Work Phone: _____

Firm: _____ Cell Phone: _____

Desired Starting Date: _____ Campus: Peck _____ Bell _____ RPV _____

**** (Start date will be determined by availability) ****

Currently Potty Trained: Yes No

Desired Schedule:	Half day AM	_____	9:00 am – 12:00 pm
	Half day PM	_____	12:00 pm – 3:00 pm
	Full day	_____	9:00 am – 3:00 pm

Extended Day Care:	Morning	_____	7:00 am – 9:00 am	No Charge
	After School	_____	3:00 pm – 6:00 pm	
	After School	_____	Occasional (1-2x per week)	
	After School	_____	Per day as needed	

Toddler (18 – 24 Months) <u>(RPV/BELL CAMPUS at this time)</u>	Morning	_____	7:00 am – 9:00 am	No Charge
	Half Day	_____	9:00 am – 12:00 pm	

Toddler Extended Daycare <u>(RPV/BELL CAMPUS at this time)</u>	Monday – Friday	_____	12:00 pm – 6:00 pm
	Occasional (1-2x wk)	_____	12:00 pm – 6:00 pm
	Per Day	_____	12:00 pm – 6:00 pm

I have enclosed the one-time application fee of \$200. I understand this fee is **neither refundable nor applicable toward tuition.**

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Ck #:

Amt:

Handbook: