

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: _____ Cell Phone: _____

Firm: _____ Work Phone: _____

Mother's Name: _____ Home Phone: _____

Occupation: _____ Cell Phone: _____

Firm: _____ Work Phone: _____

Desired Starting Date: _____ Campus: Peck Bell RPV

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

Currently Potty Trained: Yes No

Preschool-Kindergarten-Elementary

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
After School _____ 3:00 pm – 6:00 pm

Toddler (18 Months) Morning _____ 7:00 am – 9:00 am
(RPV or BELL CAMPUS ONLY) Half Day _____ 9:00 am – 12:00 pm

Toddler Extended Daycare Monday – Friday _____ 12:00 pm – 6:00 pm
(RPV or BELL CAMPUS ONLY) 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: _____