



Reach Montessori Preschool
2490 Story Rd.
San Jose CA 95122
(408)272-8888
www.reachmontessori.org

Enrollment Application

Child's Name: First Middle Last

Date of Birth: Please Circle (Boy) OR (GIRL)

Home Address:

Home Phone Number:

Special Considerations:

PLEASE SELECT A PROGRAM:

Toddler Program () 7:00-6:00pm M-F, M W F, T Tu () 8:00-12:00pm () 12:30-6:00pm
() 9:00-3:00pm () 3:00-6:00pm
Preschool Program () 7:00-6:00pm M-F, M W F, T Tu () 8:00-12:00pm () 12:30-6:00pm
() 9:00-3:00pm () 3:00-6:00pm

Potty Training need () yes () no

Form with fields for Father's Name, Cell Phone, Employer Name, Work Phone, Business Address, Email, Social Security #, Drivers License, and questions about living with the child.

All enrollment applications are subject to approval and space is not guaranteed until a registration fee has been paid and the enrollment application has been signed.

I/We have received the Parent Handbook Parent Initial
Parent 1 Signature Date
Parent 2 signature Date

For Office Use: Starting Date: Class-room
Registration Fee \$ CK # CK Date