



ENROLLMENT APPLICATION

APPLETREE MONTESSORI

653 W. Fremont Ave Sunnyvale, CA 9408

Main: (408)735-7207

Direct: (650)575-9147

Email: Info@appletrumontessori.net

Website: www.appletrumontessori.net

Today's Date _____

Requested Starting Date: _____

Child's Last Name: _____

Child's First Name: _____

Child's Date of Birth: _____

Male: _____ Female: _____

Home Address: _____

City: _____

State: _____ Zip: _____

Home Phone Number: _____

Alternate Phone Number: _____

Please check from the following programs:

Full Day : 8:00AM – 6:00PM
 School Day : 9:00AM – 4:00PM

Morning Session : 9:00AM – 12:00PM
 Afternoon Session 2:00PM – 5:00PM

Mother's Full Name: _____

Father's Full Name: _____

Employer Name: _____

Employer Name: _____

Cell Phone Number: _____

Cell Phone Number: _____

Work Phone Number: _____

Work Phone Number: _____

Email: _____

Email: _____

**** All enrollment applications are subject to approval and space is not guaranteed until \$100.00 registration fee has been paid and enrollment application has been signed. Please make a check payable to: **APPLETREE MONTESSORI**.**

Parent 1 Signature

Parent 2 Signature

Date

*GENERAL INFORMATION: How did you hear about Appletree Montessori? Referral Newspaper Alumni
 Mailing Telephone Book Open House Other

*If you were referred, whom can we thank for their referral? _____

*Please list child's previous school or daycare experience: _____

OFFICE USE ONLY:

Enrollment Received Date: _____

Starting Date: _____

Room# _____

Registration fee \$ _____

Material fee\$ _____

Deposit \$: _____

Invoice # _____

Check # _____

Payment Date: _____

Received by: _____