



KEEN LEARNERS

MONTESSORI SCHOOL

4047 Alder Ave, Fremont, CA 94536 Phone # 510-744-0150

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:

Preschool Program () 2 Days () 3 Days () 5 Days

Pre-K Program () 2 Days () 3 Days () 5 Days

Please Circle Days of Attendance & Hours: Mon Tues Wed Thurs Fri
8:30 am-12 PM 8:00 am-3:00pm 3:00pm-6:00pm Full Time

Extend care need () yes () no Program: _____

Father's Name: _____ Cell Phone: _____

Employer Name: _____ Work Phone: _____

Business Address _____ Email: _____

Social Security # _____ Drivers License: _____

Does Father live with the child? () Yes () No

Mother's Name: _____ Cell Phone: _____

Employer Name: _____ Work Phone: _____

Business Address _____ Email: _____

Social Security # _____ Drivers License: _____

Does Mother live with the child? () Yes () No

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: _____ Classroom _____ Registration Fee \$ _____ CK # _____ CK Date _____
