

# Aloha Montessori

## Application for Enrollment



Today's Date: \_\_\_\_\_ Desired Enrollment Date: \_\_\_\_\_  
\_\_\_\_\_

### **Student Information**

Child's Full Name: \_\_\_\_\_

Female

(Circle One)

Male

Birthday (MM/DD/YY): \_\_\_\_\_ Current Age: \_\_\_\_\_

**Aloha Montessori Tuition Rates and Class Schedules are available at this link:**

<https://www.alohamontessori.com/tuition-and-forms>

Place of Birth: \_\_\_\_\_

Previous School Experience: (Please list all schools and duration of attendance)

\_\_\_\_\_

How did you hear about us and reason for applying to Aloha Montessori? \_\_\_\_\_

\_\_\_\_\_

### **Family Information**

#### **Mother/Guardian:**

\_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

#### **Father/Guardian:**

\_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Brothers and Sisters:** (please list names and ages): \_\_\_\_\_

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Please return this application form with a non-refundable check for \$100 to Aloha Montessori. \*

**\*Aloha Montessori 995 Apricot Ave Campbell, CA 95008 (License # 434415853)**

You will be notified within two weeks of receipt of your application if there are any current openings. After we have reserved a space for your child and prior to your child's first day, you can download the required forms of the Enrollment Package or we will provide you a set that should be filled out and returned to the school before your child's first day. You will have 10 days to return the signed Admissions Agreement with a non-refundable check for the first month's tuition at which time a space will be reserved for your child.

If there are no openings, you will be placed on our waiting list. If we do not receive the signed Admissions Agreement and the first month's tuition within 10 days, we will contact the next family on our waiting list.

Date: \_\_\_\_\_

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Mother, Stepmother or Guardian Name (Printed):

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Mother, Stepmother or Guardian Name Signature:

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Father, Stepfather or 2<sup>nd</sup> Guardian Name (Printed):

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Father, Stepfather or 2<sup>nd</sup> Guardian Signature:

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Aloha Representative Name/Title:

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Aloha Representative Signature: