

# Melrose Montessori School 2019/2020

70 West Emerson Street, Melrose, MA 02176, USA +1 781 665-0621  
Email: info@melrosemontessori.com Web: www.melrosemontessori.com



## APPLICATION FOR ENROLLMENT

Name of Parents \_\_\_\_\_

Address- Street \_\_\_\_\_

City/Town \_\_\_\_\_

Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

Email address \_\_\_\_\_

Name of Child/Children 1. \_\_\_\_\_ 2. \_\_\_\_\_

Birth Date 1. \_\_\_\_\_ 2. \_\_\_\_\_

Level 1. \_\_\_\_\_ 2. \_\_\_\_\_

(Please note: Levels are established according to this table)

Pre-K	2 years 9 months to 4 years by September 1.
K	5 years by September 1.
Grade 1	6 years by September 1

Date of Enrollment \_\_\_\_\_

Half Day Program 8:30-11:45 \_\_\_\_\_ Full Day Program 8:30-2:45 \_\_\_\_\_

Before Hours 8:00-8:30 \_\_\_\_\_ After Hours 2:45-5:00 \_\_\_\_\_

I am applying for my child to remain in Montessori through the completion of the Kindergarten year, thereby benefitting from the full cycle \_\_\_\_\_

Please return this form along with a non-refundable application fee of \$30.00 payable to the Melrose Montessori School to the above address. Also include a recent photograph of your child/children.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_