

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. _____

Pre-K 1 2 years 9 months to 3 years 11 months year by September 1st

Pre-K 2 4 years by September 1st

K 5 years by September 1st

Date of Enrollment _____

A child can be enrolled once 2 years 9 months if a spot is open. For fall placement, spots will be held only through October 1st at a prorated rate, tuition must begin by then regardless of start date.

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 _____

Please return this form along with a non-refundable application fee of \$50.00 payable to the Melrose Montessori School to the above address. Also include a recent photograph of your child/children.

Parent Signature _____

Date _____