

APPLICATION FOR ENROLLMENT

Name of Parents _____

Address- Street _____

City/Town _____

Zip Code _____ Telephone _____

Email address _____

Name of Child 1. _____ 2. _____ 3. _____

Birth Date 1. _____ 2. _____ 3. _____

Level 1. _____ 2. _____ 3. _____

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

Pre-K	2 years 9 months to 4 years 11 months by September 1.
K	5 years by September 1st
Elementary	6 years by September 1 st (Grades 1-6)

Date of Enrollment _____

Half Day Program 8:30-11:45 (pre-k only) _____ 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 (Primary program), thereby benefitting from the full cycle _____, and/or through grade 6 (elementary program) _____.

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

Parent Signature _____ Date _____



70 West Emerson Street, Melrose, MA 02176 • 781-665-0621
info@melrosemontessori.com • www.melrosemontessori.com • facebook.com/melrosemontessorischool