

2023/2024



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APPLICATION FOR ENROLLMENT

Name of Parents _____

Address: _____

City/Town: _____ Zip Code _____ Telephone _____

Email Address: _____ / _____

Name of Child 1. _____ 2. _____

Date of Birth 1. _____ 2. _____

Level: 1. _____ 2. _____

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

Primary Program.....2.9 years -6 years (Children who turn 5 by Sept. 1 are considered Kindergarten)

Date of Enrollment _____

Half Day Program 8:30 – 11:45 ___ School Day Program 8:30 – 2:50 ___ All Day 8:30-5 ___

Before Hours 8:00 – 8:30 _____ After-care option 3:00-5:00 2 Days _____ 3 Days _____

I am applying for my child to remain in Montessori through the completion of the Kindergarten year (Primary Program), thereby benefiting from the full cycle _____, and/or through grade 6 (Elementary Program) _____.

I am willing to take a half day _____ or school day _____ spot, even if not preferred.

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 _____