



Burlingame Montessori School

525 California Dr.

Burlingame, CA. 94010

Ph: (650)342-4445 Fax: (650) 342-4441

burlingamemontess@sbcglobal.net

Visit us on the web at www.burlingamemontessoriinc.org

Registration Form 2009 – 2010 School Year

Child's Information		Start Date:	
Full name:			Preferred Name:
Date of Birth:	Age:	Gender:	
Home Address:	City:	Zip Code:	
Home Phone:			
Mother's/Guardian's Information			
Full Name:			Email Address:
Occupation:			Employer:
Business Address:	City:	Zip Code:	
Cell/Daytime Phone:	Business phone:		
Father's/Guardian's Information			
Full Name:			Email Address:
Occupation:			Employer:
Business Address:	City:	Zip Code:	
Cell/Daytime Phone:	Business phone:		
Email Address:			
Emergency Information			
In case of emergency, please contact:			
Contact's address:	City:	Zip Code:	
Contact's phone:	Alternate Phone:		
Pediatrician's name:	Pediatrician's phone:		
Please list ANY of your child's allergies:			
Has your child had any previous experience in other programs? Please describe:			
How did you hear about our program?			



Burlingame Montessori School

525 California Dr.

Burlingame, CA. 94010

Ph: (650)342-4445 Fax: (650) 342-4441

burlingamemontess@sbcglobal.net

Visit us on the web at www.burlingamemontessoriinc.org

Registration Form 2009 – 2010 School Year

Class Schedule and Fees Please check the box next to the days and times that you would like your child to attend.

Fees are based on a Ten-month school year, September to June.

Full Day Class	8:30 – 3:30	Lunch Bunch	11:30 – 12:30
Monday – Friday	\$11,500	Monday – Friday	\$1,500
Mon, Wed, Fri	\$10,000	Mon, Wed, Fri	\$1,150
Tues and Thurs	\$8,800	Tues and Thurs	\$1,050
Morning Class	8:30 – 11:30	Afternoon Class	12:30 – 3:30
Monday – Friday	\$7,250	Monday – Friday	\$7,250
Mon, Wed, Fri	\$6,200	Mon, Wed, Fri	\$6,200
Tues and Thurs	\$5,650	Tues and Thurs	\$5,650
If your desired schedule is unavailable, would you like to be added to our waitlist? Yes / No			

Please enclose the \$100 non-refundable annual registration fee with this document.

Amount Enclosed:	Date:
Parent's/Guardian's Signature:	
<p>Thank you for applying to Burlingame Montessori School! We will let you know about the status of your application when we receive it.</p>	

For Office Use Only

Date form was received:	Start Date:
Enrolled in Class:	Registration Packet sent on:
Sibling/Relative:	Placed in Database: Yes / No
Interested in Summer Program: Yes / No	Completed By: