



Burlingame Montessori

525 California Drive, Burlingame, CA 94010
(650) 342-4445

www.burlingamemontessoriinc.org

REGISTRATION FORM 2008-2009

Child's Name: _____ Gender: _____ Date of Birth: _____
 Preferred Name: _____ Home Telephone: _____
 Home Address: _____ City: _____ Zip: _____

Mother (or Guardian's) name: _____
 Occupation: _____ Employer: _____
 Business Address: _____
 Telephone: _____ Cellphone: _____
 E-Mail address: _____

Father (or Guardian's) name: _____
 Occupation: _____ Employer: _____
 Business Address: _____
 Telephone: _____ Cellphone: _____
 E-Mail address: _____

Emergency Contact Person: _____ Emergency Number: _____
 Child's Pediatrician: _____ Telephone: _____

Has your child had previous experience in other programs? If so, please describe:

My \$50.00 non-refundable registration fee is enclosed in the application.

Amount Enclosed: _____ Date: _____

Signature of Parent or Guardian: _____

PLEASE CHECK THE DAY AND TIME YOU WOULD LIKE YOUR CHILD TO ATTEND OUR PROGRAM

Full Day Class		8:30 - 3:30
	Monday - Friday	\$11,500*
	Mon, Wed, Fri	\$10,000
	Tues and Thurs	\$8,800
Morning Class		8:30 - 11:30
	Monday - Friday	\$7,250
	Mon, Wed, Fri	\$6,200
	Tues and Thurs	\$5,650

Afternoon Class		12:30 - 3:30
	Monday - Friday	\$7,250
	Mon, Wed, Fri	\$6,200
	Tues and Thurs	\$5,650
Lunch Bunch		11:30 - 12:30
	Monday - Friday	\$1,500
	Mon, Wed, Fri	\$1,150
	Tues and Thurs	\$1,050

* Yearly tuition based on 10 months

START DATE: _____