



Glen Oaks Montessori

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Millbrae, CA 94030
(650) 872-1112
www.burlingamemontessoriinc.org

For office use only

Date received: _____

Packet sent on _____

by: _____

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	\$11,350*
	Mon, Wed, Fri	\$9,950
	Tues and Thurs	\$8,800
Morning Class		8:30 - 11:30
	Monday - Friday	\$7,000
	Mon, Wed, Fri	\$6,000
	Tues and Thurs	\$5,400
Afternoon Class		12:30 - 3:30
	Monday - Friday	\$7,000
	Mon, Wed, Fri	\$6,000
	Tues and Thurs	\$5,400

Lunch Bunch		11:30 - 12:30
	Monday - Friday	\$1,500
	Mon, Wed, Fri	\$1,150
	Tues and Thurs	\$1,050
Extended Care		3:30-6:00
	Monday - Friday	\$3,500
	Mon, Wed, Fri	\$3,000
	Tues and Thurs	\$2,500

* Yearly tuition based on 10 months

START DATE: _____