

Application Form School Year 2024 - 2025

Burlingame Montessori

525 California Dr.

Burlingame, CA. 94010 Ph: (650) 342-4445

email: schooloffice@burlingamemontessori.com

web: www.burlingamemontessori.com

| Child's Information: | | | | | | | |
|--|-------------------|-----------|--|--|--|--|--|
| Full Name: | Preferred Name: | | | | | | |
| Date of Birth: | Age at this time: | Gender: | | | | | |
| Home Address: | City: | Zip Code: | | | | | |
| Child Lives With: Both Parents (same residence) Other (please list) | | | | | | | |
| Language/s spoken at home: | | | | | | | |
| Does your child have any allergies or dietary restrictions? please list: | | | | | | | |
| Does your child have any medical needs or educational accommodations that we should be aware of? | | | | | | | |
| If yes, please explain: | | | | | | | |
| Parent / Guardian One: Information | | | | | | | |
| Full Name: | Email: | | | | | | |
| Cell/Daytime Phone: | Work Phone: | | | | | | |
| Employer: City: | Occupation: | | | | | | |
| Parent / Guardian Two: Information | | | | | | | |
| Full Name: | Email: | | | | | | |
| Cell/Daytime Phone: | Work Phone: | | | | | | |
| Employer: City: | Occupation: | | | | | | |
| Information: Other than parents or legal guardians | | | | | | | |
| Emergency Contact's Name: | Phone: | | | | | | |
| Has your child had previous experience in other preschools/daycare programs? Please list below | | | | | | | |
| | | | | | | | |
| How did you hear about our program? | | | | | | | |



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Registration Information:

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| Registration information. | | | | | | | |
|--|----------------------------------|----------|----|------------------------------------|----------|--|--|
| Today's Date: | | | St | Start Date mm/dd/yy: | | | |
| To apply, please check the box next to the days and times that you would like your child to attend. | | | | | | | |
| | | | | | | | |
| The tuition rates below are based on a ten month school year, September through June. The yearly tuition is divided into ten, equal monthly payments made on the first of each month via auto debit. | | | | | | | |
| | Full Day Class / 8:45am - 3:15pm | | | Lunch Bunch / 11:30am - 12:30pm | | | |
| | Monday - Friday | \$21,000 | | Monday - Friday | \$3,000 | | |
| | Mon, Wed & Fri | \$19,000 | | Mon, Wed & Fri | \$2,500 | | |
| | Tues & Thurs | \$17,000 | | Tues & Thurs | \$2,000 | | |
| | Morning Class / 8:30am-11:30am | | | Afternoon Class / 12:30pm - 3:30pm | | | |
| | Monday - Friday | \$14,250 | | Monday - Friday | \$14,250 | | |
| | Mon, Wed & Fri | \$12,000 | | Mon, Wed & Fri | \$12,000 | | |
| | Tues & Thurs | \$10,000 | | Tues & Thurs | \$10,000 | | |
| If your desired schedule is unavailable, would you like to be added to our wait list? Yes / No | | | | | | | |
| Comments: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Registration Fee: \$150 | | | | | | | |

fee will not be processed. Checks can be made out to: Burlingame Montessori

Amount Enclosed: Signature: Date:

Thank you for applying to Burlingame Montessori!

Please enclose your non-refundable registration fee with this application. Registration fees are non-refundable for any reason, no exceptions. Applications received without the registration

We will contact you as soon as we receive your application.