

HIGHLAND MONTESSORI

614 Highland Ave. San Mateo, Ca. 94401

(650) 347-6450

Application for Admission

Child's Name: _____ DOB: _____
Last First M.I.

Address: _____ Phone: _____
City State Zip

Parent/Guardian

Parent/Guardian

Relationship: _____ Relationship: _____

Name: _____ Name: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Date for which entry is sought: _____ Class Preference: 3Days, 5Days, AM, ALL DAY
(Please Circle)

I am interested in early hours _____ and/or late hours _____ childcare.

Family's Religious Preference: _____

Is your child toilet trained at this time? _____

How did you learn of Highland Montessori? _____

Parent/Guardian Signature _____ Date: _____

Please Note: A \$100 annual non-refundable registration fee must accompany this application.