



MILLS Montessori School

1400 Hillside Blvd. South San Francisco, Ca. 94080
Tel: (650) 616-9000 Web: www.millsmontessori.com

APPLICATION FOR ENROLLMENT

Child's Name: _____ D.O.B _____

Parent's/ Guardian's Names: _____

Home Address: _____

Home Phone Number: (____) _____

Work Phone Number: (Mother) (____) _____ (Father) (____) _____

Cell Phone Number: (Mother) (____) _____ (Father) (____) _____

e-mail address: _____ Date of application: _____

Please check/circle desired program and/or days:

Program	Morning	Full day	Extended day
	9:00-12:00	9:00-2:30	7:30-6:00
Pre-school I*:			
() 5 days per-week	()	()	()
() 4 days per-week	M,T,W,Th,F	M,T,W,Th,F	M,T,W,Th,F
() 3 days per-week	M,T,W,Th,F	M,T,W,Th,F	M,T,W,Th,F
Pre-School II: & Kindergarten:	()	()	()
Elementary:	N/A	<u>8:45-2:30</u>	()

Parent/guardian signature: _____

School director signature: _____