



**Bayview Montessori School**  
**279 West 41st Avenue**  
**San Mateo, CA 94403**  
**650-571-1444**  
<http://www.bayviewmontessori.org>

**Application for Admission**  
**Please Print**

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Last First

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_ e-mail \_\_\_\_\_

<b>Father's Name</b> _____ <b>Occupation</b> _____ <small style="margin-left: 100px;">(Current or Previous)</small> <b>Name of Employer</b> _____ <b>Address</b> _____ <b>Business Phone</b> (____) _____	<b>Mother's Name</b> _____ <b>Occupation</b> _____ <small style="margin-left: 100px;">(Current or Previous)</small> <b>Name of Employer</b> _____ <b>Address</b> _____ <b>Business Phone</b> (____) _____
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Age and Gender of Siblings \_\_\_\_\_

Previous Pre-School \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Desired Entry Date \_\_\_\_\_

**Please circle the semester, class, days and payment method:**  
**annually/ biannually/ 10 equal monthly installments**

SEMESTER	A.M. CLASS	OR	P.M. CLASS	MONTHLY INSTALLMENT FEE
FALL 2016	8:30 a.m.-11:30 a.m. Monday through Friday		12:30 p.m.-3:30 p.m. Monday through Friday	2-Day A.M. or P.M. Class \$ 735.00
				3-Day A.M. or P.M. Class \$ 835.00
				5-Day A.M. or P.M. Class \$ 935.00
LUNCH	11:30-12:30 Monday through Friday		11:30-12:30 Monday through Friday	\$10.00 per day Separate Form
SEMESTER	FULL DAY CLASS			MONTHLY INSTALLMENT FEE
FALL 2016	8:30 a.m.-3:30 p.m. Monday through Friday			2-Day ALL DAY Class \$ 995.00
				3-Day ALL DAY Class \$ 1195.00
				5-Day ALL DAY Class \$ 1295.00

How did you learn about us? \_\_\_\_\_

If my child is accepted, I understand there is a \$100.00 registration fee.

In signing this application, I acknowledge that I have agreed to pay the appropriate fees according to the schedule presented.

Date: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_