

## **Application for Admission**

Name of Child: Gender: M F				Child	l's Birth Date	e:	
Phone:	Er	mail:					
Home Address:							
City:		Zip:_					
Mother's Name:			Employ	/er:			
Last 4 SS#:	Cell	Number:					
Father's Name:			Employe	r:			
Last 4 SS#:	Cell	Number:					
Who can we tha	nk for referring	you?					
•	ttended a Monte						
AGE GROUP:  □ Pre-Primary (18-36 mths)	□ Primary □ (3-6 yrs) (	Lower Ele 6-9 yrs)	ementary			□ Middle School (12-15 yrs)	
PROGRAM:	GRAM: START DA					TE:	
□ Half Day 8:00	am-11:30 am (I	Pre-Primar	ry/Primary	<b>/</b> )			
□ School Day 8:	00 am-2:30 pm	(Pre-Prima	ary/Prima	ry)			
□ School Day 8:	30 am-3:30 pm	(Elementa	ary/Middle	School)			
	am to 6 pm (Pre					nool)	
□ Spanish Imme	ersion Option (Pr	imary Only	y)				
□ Yes, I desire a	12-month agr	<b>eement</b> to	o include	summer	camp and no	on-educational days	
NOTES:							
Parent Signature:					Dat	Date:	