

PENINSULA MONTESSORI SCHOOL • REGISTRATION FORM



Indicate Preferred Campus: Rancho Palos Verdes Redondo Beach

Indicate School Day Preference Half Day Full Day

Indicate Date of Desired Admission _____

Child's Full Name _____
Last First Middle

Full Home Address _____

Home Phone _____

Contact E-mail _____

Birthdate (mm/dd/yyyy) _____ Age at time of desired admission _____

Gender Boy Girl

Child's previous school _____

Dates Attended _____

Father (Guardian's) Name _____
Last First Middle

Father's work phone _____ Father's cell phone _____

Father's Profession _____

Name of company _____

Mother's Name _____
Last First Middle

Mother's work phone _____ Mother's cell phone _____

Mother's Profession _____

Name of company _____

I enclose a non-refundable registration fee of \$350.00 I have read the Admission Policy and I accept the terms and conditions upon which my child will be attending school. In the event Peninsula Montessori School must retain the services of an attorney to enforce the terms of this contract, the parent or guardian of the child involved agrees to pay all costs and fees incurred.

Signature of Parent (or guardian)

Date of application

Please make checks payable to: **PENINSULA MONTESSORI SCHOOL**
There will be a \$50 fee for all returned checks.