

PENINSULA MONTESSORI SCHOOL



Programs and Weekly Rates:

Program	Half Day	Full Day
Toddler 18-30 months	\$290 9am-12pm	\$350 9am-3pm
Pre-Primary 2.5-5 years	\$235 9am-12pm	\$290 9am-3pm

Please make your selections:

- | | |
|--|------------------------------------|
| PROGRAM (check one): | Enrollment Weeks |
| <input type="checkbox"/> Toddler (18 – 30 months) | <input type="checkbox"/> 6/21/2021 |
| <input type="checkbox"/> Pre-Primary (2.5 – 5 years) | <input type="checkbox"/> 6/28/2021 |
| | <input type="checkbox"/> 7/05/2021 |
| PARTICIPATION: | <input type="checkbox"/> 7/12/2021 |
| <input type="checkbox"/> Half Day | <input type="checkbox"/> 7/19/2021 |
| <input type="checkbox"/> Full Day | <input type="checkbox"/> 7/26/2021 |
| | <input type="checkbox"/> 8/02/2020 |
| | <input type="checkbox"/> 8/09/2020 |

We offer extended day care from 3-5pm each day, billed at \$12 per hour. For more information about our summer program, visit peninsulamontessori.com, or call the school office at (310) 540-9742.

Deposit paid (\$100/week): \$ _____

Payment Due: Payment (minus the deposit) is due on the first day of each week. **Withdrawal & Refund Policy:** Until and including 05/14/21, if your plans change, we will refund 50% of your deposit payment. After 05/14/21, your payment is nonrefundable. Deposits for summer school DO NOT apply to fall tuition.

REGISTRATION FORM

Child's Name _____ Date of Birth _____

Parent's Name _____ Email _____

Address _____ Cell Phone _____

City, State, Zip _____ Work Phone _____

Emergency Contact/Pickup (Name/Phone) _____

Allergies/Medications _____

Consent for medical treatment: As the parent/guardian, I hereby give consent to Peninsula Montessori School to provide all emergency dental or medical care prescribed by a duly licensed physician (MD) or dentist (DDS) for my child. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my child.

Parent/Guardian Signature

Date