



620 Del Ganado Road • P.O. Box 6093 • San Rafael, CA 94903  
Office (415) 479-7373 • Fax (415) 479-5394

## Enrollment Application

\_\_\_\_\_  
**Child's Name** (Please print clearly)

\_\_\_\_\_  
Birthdate                      Current Age                       Female    Male

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
**Name of Sibling currently enrolled at MdTL**

\_\_\_\_\_  
**Family Email Address**

I am applying for the \_\_\_\_\_ School Year

Applying for: (check one)

\_\_\_\_\_ Pre-Primary (2-year olds)

8:45am – 12:00 or  8:45am – 3:00pm

3 Days  5 Days

\_\_\_\_\_ Primary (3-6 year olds)

8:30am – 12:00 or  8:30am – 3:00pm

\_\_\_\_\_ Lower Elementary

1<sup>st</sup> year                       2<sup>nd</sup> year                       3<sup>rd</sup> year

\_\_\_\_\_ Upper Elementary

4<sup>th</sup> year                       5<sup>th</sup> year                       6<sup>th</sup> year

\_\_\_\_\_ Early Morning Care (7:30 - 8:30am)

\_\_\_\_\_ Afterschool Care

Extended (until 5:00)    Late day (until 6)

\_\_\_\_\_  
**Parent/Guardian Name**                       Home    Work    Cell Phone                       Home    Work    Cell Phone                      Company/Profession

\_\_\_\_\_  
**Parent/Guardian Name**                       Home    Work    Cell Phone                       Home    Work    Cell Phone                      Company/Profession

Check those which apply:  Married    Parents separated    Parents Divorced    Single Parent    Domestic Partnership

\_\_\_\_\_  
With whom is the applicant living?

\_\_\_\_\_  
Who is legal guardian?

**Last school attended:** \_\_\_\_\_

**What is your best estimate for how long you plan to remain at MdTL?** (Check all that apply)

Pre-Primary Program (2 year-olds) only    Primary Program (3-6 year olds)    1yr    2yrs    3yrs

Lower Elementary (1-3 grade)    Upper Elementary (4-6 grade)

What are your plans after you leave our program? \_\_\_\_\_

Siblings Names:

Birth Date:

School Attending:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about Montessori de Terra Linda?  Internet  Phone Book  Word of mouth

Advertisement \_\_\_\_\_  MdTL Parent \_\_\_\_\_

Other \_\_\_\_\_

Ethnic Origin (optional): \_\_\_\_\_ Primary Language \_\_\_\_\_ Other Language(s) \_\_\_\_\_

Why have you chosen to apply to Montessori de Terra Linda?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any physical condition or special need that staff should be aware of during the school visit?  Yes  No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of person financially responsible: \_\_\_\_\_

Address to be used for billing: \_\_\_\_\_

Have you enclosed your \$75 non-refundable application fee?  Yes

Additional Information about your child or family:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give my permission for MdTL to contact my child's current school.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent or guardian

**For Office Use Only**

FileMakerPro Entry \_\_\_\_\_ Student Evaluation Received \_\_\_\_\_ Date of Child Visit \_\_\_\_\_  
Teacher(s) for Visit \_\_\_\_\_ Date Contract Mailed \_\_\_\_\_ Date Contract Returned & Check # \_\_\_\_\_

*Montessori de Terra Linda does not discriminate on the basis of race, color, sexual orientation, national or ethnic origin in regard to admission or administration of school programs.*