



# Mill Valley Montessori Application for Admission

Application Fee \$100

106 Wisteria Way  
Mill Valley, CA 94941  
Tel: 415.381.3655  
Lic.# LID209855

Name of Child \_\_\_\_\_  
(last) (first) (middle)

Mill Valley Montessori

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Home Telephone \_\_\_\_\_

Address \_\_\_\_\_

Emergency Phone \_\_\_\_\_ (relationship) \_\_\_\_\_

Child lives with  Mother  Father  Both  Other \_\_\_\_\_

Marital Status  Married  Separated  Divorced  Unmarried

Parent Name \_\_\_\_\_ Parent Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Evening Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Name of Company \_\_\_\_\_ Name of Company \_\_\_\_\_

Day Phone \_\_\_\_\_ Day Phone \_\_\_\_\_

Name and age of siblings \_\_\_\_\_

Child's favorite activities \_\_\_\_\_

Has the Child attended school before? \_\_\_\_\_ Where/When? \_\_\_\_\_

Enrollment for the academic year \_\_\_\_\_  5-day  4-day  3-day M T W Th F (circle days)

Signed: Parent or Guardian

Date

For office use only: Date Received \_\_\_\_\_ Fee Paid \_\_\_\_\_ Forms Sent \_\_\_\_\_