

# Application for Admission

## Central Coast Montessori School

3230 Main Street  
Morro Bay, CA. 93442  
(805) 772-9317

The Central Coast Montessori School Program serves children ranging in age from 2½ years to 6 years in age. School begins in August or September and follows the public school calendar, ending the following June. Your monthly tuition represents an annual amount divided into 10 parts due and payable on the first of the month. THERE IS NO REDUCTION IN TUITION WHEN A CHILD IS ABSENT, as we must keep his/her placement available.

Monthly Tuition Rates					
5-Day		3-Day		2-Day	
7:30 – 5:30	\$639.00	7:30 – 5:30	\$510.00	7:30 – 5:30	\$445.00
9:00 – 5:30	\$615.00	9:00 – 5:30	\$490.00	9:00 – 5:30	\$410.00
7:30 – 2:30	\$596.00	7:30 – 2:30	\$465.00	7:30 – 2:30	\$390.00
9:00 – 2:30	\$570.00	9:00 – 2:30	\$444.00	9:00 – 2:30	\$375.00

*Tuition fees subject to change with sixty days prior notice. By enrolling in the school program, you agree to give the Director thirty days notice prior to withdrawing from the school during the academic school year.*

FEES DUE AT TIME OF ENROLLMENT			
	Five-Day	Three-Day	Two-Day
- Application Fee (Non-Refundable)	\$50.00	\$50.00	\$50.00
- Deposit (Applies to Last Month)	\$100.00	\$50.00	\$50.00
- Comprehensive Fee (Per Year)	\$75.00	\$75.00	\$75.00
- First Months Tuition Payment	\$ _____	\$ _____	\$ _____

All fees are payable in advance monthly, quarterly or yearly. By submitting this form, along with the \$50.00 application processing fee, your child's name will be put on the Central Coast Montessori School Enrollment List.

### ENROLLMENT PROCESS

When an opening becomes available, an interview will be scheduled for you and your child. This will allow you and your child the opportunity to acquaint yourselves with the school and the staff. Together we will determine your child's readiness and social skills, which will allow appropriate placement in the school program. All necessary forms and information will be required at the time of enrollment. By the date of enrollment, it will be up to the parent/guardian to provide to the school evidence of a current physical examination and up-to-date immunization record with TB clearance. Summer School Programs are available and the Director will be glad to discuss it with you.

Please indicate the schedule desired:

Five Days Per Week		Three Days Per Week		Two Days Per Week	
Hours	7:30-2:30 _____	7:30-5:30 _____	9:00-2:30 _____	9:00-5:30 _____	

Childs Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Mailing Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
 Fathers Name \_\_\_\_\_ Occupation \_\_\_\_\_ Phone \_\_\_\_\_  
 Mothers Name \_\_\_\_\_ Occupation \_\_\_\_\_ Phone \_\_\_\_\_  
 Siblings Names and Ages \_\_\_\_\_  
 Date of Desired Enrollment \_\_\_\_\_ Child's Age Today \_\_\_\_\_

Please return this form to the school along with your application fee. A Copy of this form and a receipt for the fee will be given to you.