



A Place for Children to Explore, Experience and Wonder

APPLICATION

CHILD	SEX	DOB
ADDRESS	CITY/ZIP	
SIBLINGS AND AGE		

PARENT/GUARDIAN INFORMATION

PARENT/GAURDIAN	PARENT/GUARDIAN
HOME PHONE	HOME PHONE
CELL PHONE	CELL PHONE
WORK PHONE	WORK PHONE
EMAIL	EMAIL
HOME ADDRESS IF DIFFERENT	HOME ADDRESS IF DIFFERENT

HOW DID YOU FIND MEL-O-DEE MONTESSORI?
WHY DO YOU WANT YOUR CHILD TO ATTEND MEL-O-DEE MONTESSORI?

ENROLLMENT OPTIONS

TODDLER

2 DAYS 7:30-12:00	3 DAYS 7:30-12:00	5 DAYS 7:30-12:00
2 DAYS 7:30-3:30	3 DAYS 7:30-3:30	5 DAYS 7:30-3:30
2 DAYS 7:30-5:30	3 DAYS 7:30-5:30	5 DAYS 7:30-5:30

PRESCHOOL

5 DAYS 7:30-12:00	5 DAYS 7:30-3:30	5 DAYS 7:30-5:30
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KINDERGARTEN

5 DAYS 7:30-3:30	5 DAYS 7:30-5:30
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EXTRA CARE

AM CARE 7:00-7:30	PM CARE 5:30-6:00
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It is my intent to enroll my child at Mel-O-Dee Montessori. I understand a non-refundable \$100 application fee is to accompany this application. I also understand that if space is not available for my child, we will be placed on a wait list and offered a space when available.

Signature of Parent or Guardian

Date

FOR OFFICE USE ONLY: APPLICATION FEE PAID: DATE _____ CHECK#: _____

DATE PLACE OFFERED: _____ ANTICIPATED START DATE: _____

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