



Elk Grove Montessori School

Tools for the future

Application

This form is to be completed by parent or guardian. Please print or type.

All applications are considered without regard to race, religion, sex, gender, and/or family structure. Any questions may be directed to administrative office, 916-685-6540

Please check the program of your choice:

Toddler____ Toddler Transition____ Early Childhood____ Kindergarten_____

Days: 2Day____ 3Day____ 4Day____ 5Day____ Half day____ Class day____ Full day____
8:30am-12:30pm 8:30am-3:30pm 6:00am-6:30pm

Estimated Start Date: _____

Student's full name: _____

Birth Date: _____ Female_____ Male_____

Parent's Name (1): _____

Home address: _____

City _____ State _____ Zip _____

Telephone: (home) _____ (Work) _____ (Cell) _____

Employer/Occupation: _____

e-mail: _____

Parent's Name (2): _____

Home address: _____

City _____ State _____ Zip _____

Telephone: (home) _____ (Work) _____ (Cell) _____

Employer/Occupation: _____

e-mail: _____

Signature of Parent or Guardian

Date