

APPLICATION FOR ENROLLMENT 2024-2025 SCHOOL YEAR

1468 GRANT ROAD, LOS ALTOS, CA 94024
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admin@montecitoschool.com www.montecitoschool.com

BIRTHDATE _____ M ___ F__

CHILD'S NAME

HOME ADDRESS				CITY	ZIP
HOME PHONE			ET	HNICITY	(OPTIONAL)
Is this your first yo	ear at Montecito Sch	ool? YES	NO IF N	O, WHEN	DID YOU ATTEND?
Sibling(s) name(s) and	d age(s):				
Primary Language Sp	ooken at home:		Does you	r child ha	ve an IEP or IFSP? Y N
					l to release your family contact information
or class lists for oth	er parents to contac	t you for ac	tivities and p	lay dates.	
SELECT THE CLASSES	VOLLARE RECTETERING	FOR (TE MORE	E TUAN ONE OO	TON WORK	S FOR YOU, LABEL YOUR CHOICES 1 ST , 2 ND & 3 RD)
Age Group	Schedule	Morning	Afternoon		Birth Date Requirements
2-year-olds	Tues/Thurs	Morning	Arrentoon	171	Children must turn 2 by September 1, 2024
2-year-olds	Mon/Wed/Fri				Children must turn 2 by September 1, 2024
2-year-olds	MonFri.				Children must turn 2 by September 1, 2024
3-year-olds	Tues/Thurs				Children must turn 3 by September 1, 2024
3-year-olds	Mon/Wed/Fri			-	Children must turn 3 by September 1, 2024
3-year-olds	Mon Fri.				Children must turn 3 by September 1, 2024
4-year-olds	Mon/Wed/Fri				Children must turn 4 by September 1, 2024
4-year-olds	Mon Fri.				Children must turn 4 by September 1, 2024
5-year-olds/Pre-K	Mon. – Fri.				Children must turn 4 by September 1, 2024
Kindergarteners	Mon. – Fri.	N/A		N/A	Children must turn 5 by September 1, 2024 & child must have completed fours program
Drop-in Care Only	Mon. – Fri. (7:30 am to 6:00 pm)	_		_	Children ages 2 to entry into 6 th grade
	ig more than 3 hours	per day ma	y attend up t		ives, but not in Kindergarten. Kindergarteners urs daily by attending Kindergarten and drop-
Please comp Application and Heal	olete one (1) Applic th and Safety Fees 024 after school ha	ation, a si for each ch s already b	gned Admissi nild whom you pegun. Parer	are enro	rement, and pay the Deposit/June tuition olling. The Materials Fee will be paid by the e(s) to immediately notify School in writing of the paid by the

PARENT(s) CONTACT INFORMATION

Father/Guardian: _	Mother/Guardian:
Email: _	Email:
Cell Phone: _	Cell Phone:
Name(s) of person(s) liv	ring with the child:
Name(s) of primary cor	ntact person(s):
Name(s) of person(s) re	esponsible for paying tuition:
	Person to Receive Duplicate Classroom and School e-information (optional)
Nam Relationship to Chil	
Ketarionarip 10 onii	<u> </u>
How did you hear all	pout Montecito?
•	dia (on which links and/or websites?)
	name(s))
Hard Copy Ad (which pu	blication?)
Drove By Mom's	or Other Group (insert group names)
I am an Alumnus	Other (be specific)
(The al	pove information is used solely by Montecito for market research purposes)
classroom/school field	permission for my child to be photographed or videotaped at Montecito School and/or on I trips and events. I understand that these pictures/videos will only be used by and for onal and/or advertising projects or purposes.
Parent's Signature: _	Date
SPECIAL REQUESTS	
health and safety will l and/or with a teacher(social development, and	do its best to honor each parent's class choices and special requests. Requests related to be honored. However, we cannot guarantee that your child(ren) will be placed in a classroom s) that you have requested. Classroom placement decisions are based on each child's age and d made at the discretion of Montecito School. There to indicate your understanding of the special request option described above.
rieuse minul f	io e to mateure your under standing of the special request option described above.
Prorated Tuition (if appli WL Only: WL Date:	Date: Class Code (Room): 2 Free Drop-in Hours pp Fee \$ Monthly Tuition \$ Materials Fee \$ H&S Fee \$ cable): \$ Check # Total Check Amount: \$ WL Check #: WL Check Amount: \$ P Y/N Currently Enrolled Sibling(s):