

APPLICATION FOR ENROLLMENT 2025-2026 SCHOOL YEAR

1468 GRANT ROAD, LOS ALTOS, CA 94024

PHONE: (650) 968-5957 FAX: (650) 968-2052

admin@montecitoschool.com www.montecitoschool.com

CHILD'S NAME			BIF	RTHDATE	M F	
HOME ADDRESS				CITY	ZIP	
HOME PHONE			ET	HNICITY	(OPTIONAL)	
Is this your first y	ear at Montecito Sch	nool? 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	ır child ha	ve an IEP or IFSP? Y N	
or class lists for oth	er parents to contac	t you for ac	tivities and p	lay dates.	to release your family contact information S FOR YOU, LABEL YOUR CHOICES 1 ST , 2 ND & 3 RD)	
Age Group	Schedule	Morning	Afternoon	F/T	Birth Date Requirements	
2-year-olds	Tues/Thurs				Children must turn 2 by September 1, 202	5
2-year-olds	Mon/Wed/Fri				Children must turn 2 by September 1, 202	
2-year-olds	MonFri.				Children must turn 2 by September 1, 202	
3-year-olds	Tues/Thurs				Children must turn 3 by September 1, 202	
3-year-olds	Mon/Wed/Fri				Children must turn 3 by September 1, 202	
3-year-olds	Mon. – Fri.				Children must turn 3 by September 1, 202	
TK 4-year-olds	Mon/Wed/Fri				Children must turn 4 by September 1, 202	5
TK 4-year-olds	Mon Fri.				Children must turn 4 by September 1, 202	5
5-year-olds/Pre-K	Mon Fri.				Children must turn 5 by September 1, 202	5
Kindergarteners	Mon. – Fri.	N/A		N/A	Children must turn 5 by September 1, 202 & child must have completed TK four program	25
Drop-in Care Only	Mon. – Fri. (7:30 am to 6:00 pm)			_	Children ages 2 to entry into 6 th grade	

Children with 5^{th} birthdays after 9/1/25 may enroll in TK fours or Pre-K/Young Fives, but not in Kindergarten. Kindergarteners interested in attending more than 3 hours per day may attend up to $10 \frac{1}{2}$ hours daily by attending Kindergarten and drop-in Care before and after the afternoon Kindergarten class.

	Pleas	e compi	lete on	e (1) A	pplicatio	n, a si	gned Ad	missions	Agreemen	t, and	pay ti	he Dep	osit/June	tuit	rion,
Applica	ation fe	e. The	Art &	Snacks	Fee will	be paid	by the	end of s	September	2025	after s	chool h	as already	be	gun.
Parent	(s) agr	ree(s) to	immed	diately	notify S	School i	n writin	g of any	y changes	to any	/ inforr	<u>mation</u>	contained	in	this
Applica	ation.	Initials	·		Date										

PARENT(S) CONTACT INFORMATION

Father/Guardian:	Mother/Guardian:
Email:	Email:
Cell Phone:	Cell Phone:
Name(s) of person(s) living with the child:	
Name(s) of primary contact person(s):	
Name(s) of person(s) responsible for paying tuition	on:
Additional Person to Receive Duplic	cate Classroom and School e-information (optional)
Name	Email
Relationship to Child	
How did you hear about Montecito?	
On-line Ad or social media (on which links and/or	websites?)
Family or Friend (insert name(s))	
Hard Copy Ad (which publication?)	
Drove By Mom's or Other Group (insert gr	roup names)
I am an Alumnus Other (be specific)	
(The above information is used so	olely by Montecito for market research purposes)
, , , , , , , , , , , , , , , , , , , ,	to be photographed or videotaped at Montecito School and/or on derstand that these pictures/videos will only be used by and for rojects or purposes.
Parent's Signature:	Date
SPECIAL REQUESTS:	
health and safety will be honored. However, we and/or with a teacher(s) that you have requested social development, and made at the discretion of	
Please initial here to indicate you	ur understanding of the special request option described above.
Deposit \$ App Fee \$ Month Prorated Tuition (if applicable): \$ Check WL Only: WL Date: WL Check #:	t (Room): 2 Free Prepaid Hours hly Tuition \$ Art & Snacks Fee \$ k # Total Check Amount: \$ WL Check Amount: \$ ing(s):