Application for Enrollment
2026-2027 School Year

1468 Grant Road, Los Altos, CA 94024
Phone: (650) 968-5957 Fax: (650) 968-2052
admin@montecitoschool.com www.montecitopreschool.com

CHILD'S NAME _____ BIRTHDATE _____ M ___ F___

HOME ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ ETHNICITY (OPTIONAL) _____

Is this your first year at Montecito School? YES NO IF NO, WHEN DID YOU ATTEND? _____

Sibling(s) name(s) and age(s):_____

Primary Language Spoken at home: _____ Does your child have an IEP or IFSP? Y ___ N ___

Privacy Statement: Check here _____ if you **do not** want the School to release your family contact information or class lists for other parents to contact you for activities and play dates.

Select the classes you are registering for *(If more than one option works for you, label your choices 1st, 2nd & 3rd)*

Age Group	Schedule	Morning	Afternoon	F/T	Birth Date Requirements
2-year-olds	Tues/Thurs	_____	_____	_____	Children must turn 2 by September 1, 2026
2-year-olds	Mon/Wed/Fri	_____	_____	_____	Children must turn 2 by September 1, 2026
2-year-olds	Mon.-Fri.	_____	_____	_____	Children must turn 2 by September 1, 2026
3-year-olds	Tues/Thurs	_____	_____	_____	Children must turn 3 by September 1, 2026
3-year-olds	Mon/Wed/Fri	_____	_____	_____	Children must turn 3 by September 1, 2026
3-year-olds	Mon. – Fri.	_____	_____	_____	Children must turn 3 by September 1, 2026
TK 4-year-olds	Mon/Wed/Fri	_____	_____	_____	Children must turn 4 by September 1, 2026
TK 4-year-olds	Mon. – Fri.	_____	_____	_____	Children must turn 4 by September 1, 2026
5-year-olds/Pre-K	Mon. – Fri.	_____	_____	_____	Children must turn 5 by September 1, 2026
Kindergarteners	Mon. – Fri.	N/A	_____	N/A	Children must turn 5 by September 1, 2026 & child must have completed TK fours program
Drop-in Care Only	Mon. – Fri. 7:30 am to 6:00 pm	_____			Children ages 2 to entry into 6th grade

Children with 5th birthdays after 9/1/26 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 ½ hours daily by attending Kindergarten and drop-in Care before and after the afternoon Kindergarten class.

Please complete one (1) Application, a signed Admissions Agreement, and pay the Deposit/June tuition, Application fee. The Art & Snacks Fee will be paid by the end of September 2026 after school has already begun. Parent(s) agree(s) to immediately notify School in writing of any changes to any information contained in this Application. *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:

_____

Additional Person to Receive Duplicate 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 group names) _____

I am an Alumnus _____ Other (be specific) _____

(The above information is used solely by Montecito for market research purposes)

I hereby give permission for my child to be **photographed or videotaped** at Montecito School and/or on classroom/school field trips and events. I understand that these pictures/videos will only be used by and for Montecito for educational and/or advertising projects or purposes.

Parent's Signature: _____ **Date** _____

SPECIAL REQUESTS:

_____

_____

Montecito will do its best to honor each parent's class choices and special requests. Requests related to health and safety will be honored. However, we cannot guarantee that your child(ren) will be placed in a classroom and/or with a teacher(s) that you have requested. Classroom placement decisions are based on each child's age and social development, and made at the discretion of Montecito School.

Please initial here _____ to indicate your understanding of the special request option described above.

OFFICE USE ONLY Start Date: _____ Class Code (Room): _____ 2 Free Prepaid Hours _____
Deposit $_____ App Fee $_____ Monthly Tuition $_____ Art & Snacks Fee $_____
Prorated Tuition (if applicable): $_____ Check # _____ Total Check Amount: $_____
WL Only: WL Date: _____ WL Check #: _____ WL Check Amount: $_____
Drop-in Care Only? Y/N **Currently Enrolled Sibling(s)**: _____