

Melrose Montessori School 2017/2018

70 West Emerson Street, Melrose, MA 02176, USA +1 781 665-0621
Email: info@melrosemontessori.com Web: www.melrosemontessori.com



APPLICATION FOR ENROLLMENT

Name of Parents _____

Address- Street _____

City/Town _____

Zip Code _____ Telephone _____

Email address _____

Name of Child/Children 1. _____ 2. _____

Birth Date 1. _____ 2. _____

Level 1. _____ 2. _____

(Please note: Levels are established according to the Public School)

Pre-K 2 years 9 months to 4 years by September 1.

K 5 years by September 1.

Grade 1 6 years by September 1

Date of Enrollment _____

Half Day Program 8:30-11:45 _____ Full Day Program 8:30-2:45 _____

Please return this form along with a **non-refundable** application fee of \$30.00 payable to the Melrose Montessori School to the above address. Also include a recent photograph of your child/children.

Parent Signature _____

Date _____