

GoodEarth Montessori School Registration Application

Goodearthmontessorischool.com • 2593-A Chino Hills Parkway, Chino Hills, CA 91709 • tel (909) 393-0998 • fax (909) 393-5338

Name of Student _____ Date of Desired Admission _____
 Sex ____ Age ____ Date of Birth _____ Is student potty trained? _____

Home Address _____ City _____ Zip _____
 Telephone # _____

Parent Email address _____
 Mother's Name _____ Business/Cell Phone _____
 Occupation _____ Business Address _____

Father's Name _____ Business/Cell Phone _____
 Occupation _____ Business Address _____

How did you hear about our school? _____

Can you recommend any community programs or do you have any special talents that you would like to share with our students?
 Your input will help broaden our students' experiences and enrich their classrooms.

Child lives with: ____ Both Parents ____ Mother ____ Father ____ Other
 If child does not live with both parents, does non-resident parent have permission to pick up child from school?
 __ Yes __ No

Check program preference:

Preschool Programs:	Kindergarten Programs:
<input type="checkbox"/> Half School Day, 9:00AM-12:00NN <input type="checkbox"/> Half School Day + Before School Childcare, 6:30AM-12:00NN <input type="checkbox"/> Full School Day, 9:00AM-3:00PM <input type="checkbox"/> Full School Day + Before School Childcare, 6:30AM-3:00PM <input type="checkbox"/> Full School Day + After School Childcare, 9:00AM-6:30PM <input type="checkbox"/> Full Extended School Day, 6:30AM-6:30PM <input type="checkbox"/> Milk Club –daily milk @ lunchtime	<input type="checkbox"/> Full School Day, 9:00AM-3:00PM <input type="checkbox"/> Full School Day + Before school childcare, 6:30AM-3:00PM <input type="checkbox"/> Full School Day + After school childcare, 9:00AM-6:30PM <input type="checkbox"/> Full Extended School Day, 6:30AM-6:30PM <input type="checkbox"/> Milk Club –daily milk @ lunchtime
How Many Days? () 2 Days () 3 Days () 4 Days () 5 Days Which Days? () Monday () Tuesday () Wednesday () Thursday () Friday	*Must attend school 5 days per week Student must be 5 years old by December 2 nd of current school year to be considered a kindergartener

List any unusual health conditions, allergies, medical requirements or dietary restrictions _____

I agree to pay my child's tuition monthly by cash or check payment. If tuition is not paid by the 5th of the month, a \$20.00 late fee will be assessed. There are no credits for absences or school holidays. Attached is my registration fee to reserve my child's space. I understand that this fee is non-refundable if I decide not to enroll my child or withdraw during the year. I have received a copy of the parent handbook and have been informed of the school's tuition fees and programs.

Parent/Guardian Signature _____

-----For Office Use Only-----

Date _____ Registration Paid \$ _____ () Cash () Check

Rec'd by _____ Assigned Classroom _____