



First Friends Montessori
PO BOX 399, Fairfax CA 94978

415.459.7028

First Friends Montessori Application Form 2019-2020

Please enroll my child _____ in the program(s) indicated below

Child's Birthday _____

Program Type	Monthly Cost	Morning Extended Care (optional) 8am-9am	Afternoon Extended Care (optional) 3pm-4pm	Afternoon Extended Care (optional) 3pm-5pm	TOTAL MONTHLY COST
Full Day: 9am-3pm	<input type="checkbox"/> 5 days \$1,260	<input type="checkbox"/> 5 days, \$165	<input type="checkbox"/> 5 days, \$165	<input type="checkbox"/> 5 days, \$305	\$ _____
	<input type="checkbox"/> 4 days \$1,060	<input type="checkbox"/> 4 days, \$135	<input type="checkbox"/> 4 days, \$135	<input type="checkbox"/> 4 days, \$255	Circle Days: M, Tu, W, Th, F
	<input type="checkbox"/> 3 days \$835	<input type="checkbox"/> 3 days, \$105	<input type="checkbox"/> 3 days, \$105	<input type="checkbox"/> 3 days, \$190	
Half Day: 9am-1pm	<input type="checkbox"/> 5 days \$1,110	<input type="checkbox"/> 5 days, \$165	<input type="checkbox"/> 5 days, \$165	<input type="checkbox"/> 5 days, \$305	\$ _____
	<input type="checkbox"/> 4 days, \$935	<input type="checkbox"/> 4 days, \$135	<input type="checkbox"/> 4 days, \$135	<input type="checkbox"/> 4 days, \$255	Circle Days: M, Tu, W, Th, F
	<input type="checkbox"/> 3 days, \$760	<input type="checkbox"/> 3 days, \$105	<input type="checkbox"/> 3 days, \$105	<input type="checkbox"/> 3 days, \$190	

An eight-week summer program runs from July to August from 9:00 a.m. to 3:00 p.m.

Tuition for the Montessori programs may be paid for the school year or may be paid in monthly installments. A deposit of the first and last month tuition is due upon admission. Thereafter, tuition for each month is due by the fifth day of the month. A \$25 late fee will be charged for payments received after this due date.

Please enclose a \$100 non-refundable application fee.

Parent's Signature _____

Date _____

Parent's Name _____

Home Phone _____

Address _____

Business Phone _____

Parent's Name _____

Home Phone _____

Address _____

Business Phone _____

Email Address: _____