



**PEBBLECREEK**  
M O N T E S S O R I

*School of Excellence*

START DATE: \_\_\_\_\_

<b>Child's name:</b>	<b>Date of Birth:</b> _____ ___ Boy ___ Girl
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<b>Parent Name(s):</b>
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<b>Address:</b>
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<b>City/State/Zip</b>
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<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Cell Phone:</b>
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<b>Email address:</b>
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<b>Program: (please check)</b>			
___ Infants(6 weeks-17 months):	___ 8:00 - 12:00	___ 8:00 - 3:00	___ 7:00am - 6:00pm
___ Toddlers(18 months- 36 months):	___ 8:00 - 12:00	___ 8:00 - 3:00	___ 7:00am - 6:00pm
___ Primary(3 years- 6years):	___ 8:00 - 12:00	___ 8:00 - 3:00	
___ All Year Montessori:	___ 10 months	___ 12months	___ 8:00 - 3:00
___ Lower Elementary (1 <sup>st</sup> - 3 <sup>rd</sup> ):		___ 8:15-3:15	___ 7:00am -6:00pm
___ Upper Elementary (4 <sup>th</sup> - 6 <sup>th</sup> ):		___ 8:15-3:15	___ 7:00am- 6:00pm

<b>Application Fee:</b> (one time fee per family)	\$ 50
<b>New Family Fee:</b>	\$ 500
<b>Primary Registration &amp; Supply</b> (annual fee/student)	\$500
<b>Security Chip Fee</b>	\$30
<b>Elementary Book &amp; Field Trip Fee:</b>	\$150
**I understand that both of the fees are non-refundable and non-transferable. _____ (Parent signature required)	

<i>For Office use only:</i> Received by: _____ Date: _____
Total amount enclosed: \$ _____ ck # _____ Cash _____ CC _____