

Empire Montessori Preschool
Bilingual-Chinese
3095 Yerba Buena Rd.
San Jose, CA 95135
(408) 238-7300

Enrollment Application

Location: _____

Child's Name: _____
First Middle Last

Date of Birth: _____ Please Circle (Boy) OR (GIRL)

Home Address: _____

Home Phone Number: _____

Special Considerations: _____

PLEASE SELECT A PROGRAM:

Infant/Toddler Program () 3 Days () 5 Days
Two's Program () 2 Days () 3 Days () 5 Days
Preschool/ Pre-K () 2 Days () 3 Days () 5 Days

Please Circle Days of Attendance & Hours: Mon Tues Wed Thurs Fri
8:00am-12:00pm 7:30am-6:00pm

Subsidized () Yes () No Program: _____

Father's Name: _____	Cell Phone: _____
Employer Name: _____	Work Phone: _____
Business Address _____	Email: _____
Social Security # _____	Drivers License: _____
Does Father live with the child? () Yes () No	
Mother's Name: _____	Cell Phone: _____
Employer Name: _____	Work Phone: _____
Business Address _____	Email: _____
Social Security # _____	Drivers License: _____
Does Mother live with the child? () Yes () No	

All enrollment applications are subject to approval and space is not guaranteed until a registration fee has been paid and the enrollment application has been signed.

I/We have received the Parent Handbook _____ Parent Initial _____
Parent 1 Signature _____ Date _____
Parent 2 Signature _____ Date _____

For Office Use:	Starting Date: _____	Classroom _____
Registration Fee \$ _____	CK # _____	CK Date _____