**Roots N Wings of Woodside By Kubo Montessori School- Application for Enrollment**

Please complete if you are interested in enrolling at Roots N Wings Montessori School. An enrollment application does not guarantee a position. An application does place you on our waiting list which is part of the enrollment process. Families will always be given an opportunity to visit the school before being asked to commit to enrollment. The application must be updated annually.

All children must be at least 2 years at the time of enrollment. The ideal age to enroll is between 2 years 6 mo and 3 years, 9 months. Applicants are enrolled based on space availability and suitability to program.

Siblings of currently enrolled children receive priority. Tuition prices will vary depending on the year enrolled.

This application must be accompanied by a non-refundable $75 application fee to be valid. Applications should be submitted mailed with a $75 check to:

2131 S Norfolk St,

San Mateo,

CA 94403

The fee reflects processing and communication throughout the enrollment process

Tour Request: rw.kubomontessori@gmail.com

Parent signature

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| CHild Information | | | | | | | | | | | | | |
| Last Name | | |  | | First |  | | M.I. | | |  |  | |
| Street Address | |  | | | | | | Apartment/Unit # | | | |  | |
| City |  | | | | State |  | | ZIP |  | | | | |
| Date of Birth | | | |  | Primary language | | | | | Gender | | |  |
| Sibling names & DOB | | | |  | Prior schools | |  | | | | | | |

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| --- | --- | --- |
| Program and Tuition Information - Please indicate choice of preferred program | | |
| 8:30-12:00 Morning only program | \_\_\_\_ choice (1, 2, 3, 4, 5) | Not an option |
| 8:30- 1:00 Lunch program | \_\_\_\_ choice (1, 2, 3, 4, 5) | Not an option |
| 8:30- 3:30 School day program | \_\_\_\_ choice (1, 2, 3, 4, 5) | Not an option |
| 8:30 – 5:30 Full Day | \_\_\_\_ choice (1, 2, 3, 4, 5) | Not an option |
| 1:00 – 5:30 PM program/ TK or K | \_\_\_\_ choice (1, 2, 3, 4, 5) | Not an option |

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| Parent Contact Information | |
| Name |  |
| Preferred Phone |  |
| Preferred Email |  |

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| --- | --- |
| Family Information | |
| The following information helps us to understand each family. Pease feel free to attach additional information if needed. | |
| Why do you know about Montessori that makes you feel it is the right environment for your child? |  |
| When do you read to your child? |  |
| Which meals does your family eat together? |  |
| What do you do when you’re child says “I’m bored.” |  |
| What is your child’s favorite computer game? Describe it. |  |
| Do you utilize electronic activity for entertainment in the car, restaurants or grocery store? |  |
| How much television does your child watch? |  |

**A non-refundable fee of $75 must accompany this application form***. Applicants are enrolled based on space availability and suitability to program. We do not practice discrimination against current or prospective students or faculty on the basis of race, color, national origin, gender, sexual orientation, religion age or disability. We believe in the principles of equal opportunity and have a commitment to respect for all individuals.*

*Mail to:* 2131 S Norfolk St, San Mateo, CA 94403

Signature of Parent / Guardian Date