



Bodhi Montessori
A Home-based Montessori Preschool
License # 015700235
1320 Carlton Place Livermore CA 94550
Enrollment Application

Welcome and thank you for considering Bodhi Montessori. If you have any questions during the application process, please call or email me.

Child's Name: _____ Date of Birth: _____

Gender: _____

Street: _____

City: _____ Zip: _____ Home Phone: _____

Previous school/Day care Experience: _____ School attended: _____

Language spoken at home: _____

Special Needs Instructions: _____

Parent/Co-Parent/Guardian Name: _____

Address: _____ Phone: _____

Cell Phone: _____ Email: _____

Parent/Co-Parent/Guardian Name: _____

Address: _____ Phone: _____

Cell Phone: _____ Email: _____

Are you applying for

- Half day - 8:30am-12:00pm
- Full day - 8:30am - 4:30pm
- Afterschool 12:00pm-4:30pm



When will you be ready to join?

Your Child and your Family:

Please give us a brief description of your child to help us become familiar with his/her: Is there anything we should know about your child? Ex: likes/dislikes, does he/she put things in their mouth, any fears (people, noises, etc.), behavior when upset, and any other thoughts or concerns for the coming year? _____

What are the educational goals for your child?

How do you discipline your child?

Please list any special educational, religious, physical or medical needs of your child:

Please enclose a nonrefundable application fee of \$50.00

Parent/Guardian Signature

Date

Parent/Guardian Full Name

Please make check payable to **Varshini Kannan**
Mail to 1320 Carlton Place, Livermore, CA 94550