

# Fountainhead Montessori School Application & Wait List

## Child Information

<b>First Name:</b>			
<b>Last Name:</b>			
<b>Date of Birth:</b>		<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Start Date for School:</b>

## Campus Preference

Danville  Dublin  Livermore  Orinda  Pleasant Hill

## Class Information

**Hourly child care is available before and after class  
Care is available from 7am – 6pm**

### **Prep Class (2 years – 3½ years)**

**Please choose any schedule of 2 or more days per week**

9 - 12	<input type="checkbox"/> M-F <b>OR</b> <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> If currently full, would you like to waitlist?
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### **Pre-School (3 years – 5 years)**

**Please choose any schedule of 2 or more days per week**

9 - 12	<input type="checkbox"/> M-F <b>OR</b> <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> If currently full, would you like to waitlist?
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### **Pre-Kindergarten & Kindergarten (4 years – 6 years)**

**Pre-Kindergarten & Kindergarten classes are from 9-12 three or more days per week and you can add the 12 – 3 class one or more days per week**

9 - 12	<input type="checkbox"/> M-F <b>OR</b> <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> If currently full, would you like to waitlist?
12 - 3	<input type="checkbox"/> M-F <b>OR</b> <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> If currently full, would you like to waitlist?

## Allergies, Medical Concerns, or Special Needs

Please describe below all allergies, medical conditions, or special needs. Failure to fully describe such items may result in a refused application or a safety risk to your child.

**CONTINUED ON BACK**

# Fountainhead Montessori School Application

## Mother/Co-Parent/Guardian Information

First Name:

Last Name:

Home Address:

Home City, State, Zip:

Home  
Phone:

Business  
Phone:

Cell  
Phone:

## Father/Co-Parent/Guardian Information

First Name:

Last Name:

Home Address:

Home City, State, Zip:

Home  
Phone:

Business  
Phone:

Cell  
Phone:

## Agreement

1. I agree to pay, when due, fees specified in Fountainhead's School Year Financial Information, a copy of which I acknowledge having received. Subject to the provisions of paragraph 2 below, in the event I wish to withdraw my child from school, I will give one (1) month's written advance notice or pay one (1) month's tuition.
2. **WITHDRAWALS ARE NOT ALLOWED AFTER APRIL 1<sup>st</sup>** unless you pay tuition through the end of the school year.
3. **YOUR FIRST INSTALLMENT IS NON-REFUNDABLE** unless Fountainhead cannot accommodate your child. It will be applied to your first installment charges and must accompany this application.
4. I have read and understand the policies in Fountainhead's brochure, a copy of which I acknowledge having received and reviewed. I understand and acknowledge that these policies are subject to change from time to time at the discretion of Fountainhead's Board of Directors, provided that there will be no change in the fees or tuition payable without thirty days advance notice. \_\_\_\_\_ Initial \_\_\_\_\_ Initial
5. A confirmation of your application and additional paperwork will be sent to you. If you do not receive it, it is your obligation to contact Fountainhead promptly.
6. Fountainhead may take pictures of your child for internal purposes only. They will not be used for any other purpose.
7. I am aware that parents, guardians, school and medical professionals, and other third-parties may from time to time observe classroom activity and I understand and agree that such observation is a normal part of school activity at Fountainhead.

Parent/Legal  
Guardian's  
Signature:

Date:

### FOR OFFICE USE ONLY

Date Received:

Director's Signature:

Enrolled into Class:

Sent to Waitlist:

### FOUNTAINHEAD MONTESSORI SCHOOL

Administrative Office: 6665 Amador Plaza Road #200, Dublin, CA 94568

Mailing Address: P.O. Box 2786, Dublin, CA 94568

Phone: 925.820.1343 Fax: 925.820.9193