

**Application for Enrollment**  
**Montessori Children's House - West**  
5454 Atherton Street  
Long Beach, California 90815  
562-494-3777

MAIN Office email: [mchlongbeach@gmail.com](mailto:mchlongbeach@gmail.com)

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
(month/date/year) **\*Must be 2 years old exactly to start**

Address \_\_\_\_\_  
(City) (Zip code)

Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Child's previous day care and dates of attendance \_\_\_\_\_

Names and ages of sibling(s) \_\_\_\_\_

From what source did you discover Montessori Children's House-West? \_\_\_\_\_

\*Please indicate preferred starting session:

**Summer (begins June 29<sup>th</sup>)**

**2026/2027 School Year**

\_\_\_\_\_ Academic Program 8:30 a.m. - 2:30 p.m. \_\_\_\_\_ Academic Program 8:30 a.m. - 2:30 p.m.

\_\_\_\_\_ Including Day Care 7:00 a.m. - 6:00 p.m. \_\_\_\_\_ Including Day Care 7:00 a.m. - 6:00 p.m.

**YES**, my child needs potty training. \_\_\_\_\_ **NO**, my child is **FULLY** potty trained. \_\_\_\_\_

A registration fee of \$80.00, which is non-refundable and is not applicable to tuition, will be collected upon enrollment. This fee holds your child's place until the agreed start date. Once the application and fee are received, an enrollment package will be given. This must be returned completed before starting school including but limited to the **Physicians Report and Immunization Record**.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

***For office use only***

Starting Date: \_\_\_\_\_

Registration Fee Paid Amount: \_\_\_\_\_

Package Given: \_\_\_\_\_

Zelle CASH Check# \_\_\_\_\_  
[mchlongbeach@verizon.net](mailto:mchlongbeach@verizon.net)