

DIABLO VALLEY MONTESSORI
3390 Deer Hill Road
Lafayette, CA 94549
Phone (925) 283-6036
Fax (925) 283-5582
Email: office@dvms.org

Family Name _____
(OFFICE USE ONLY)
Application Date _____
Application Fee _____
Check number _____

APPLICATION FOR ADMISSIONS

CHILD'S

NAME _____ M ___ F ___ BIRTHDATE _____

(NAME TO BE USED IN SCHOOL)

ADDRESS _____ CITY _____ ZIP _____ TELEPHONE _____

PARENT #1 NAME _____ CELL PHONE _____

EMPLOYER _____ OCCUPATION _____

WORK ADDRESS _____ WORK PHONE _____

SOCIAL SECURITY # _____ DRIVER LICENSE _____

EMAIL ADDRESS _____ VEHICLE LICENSE _____

PARENT #2 NAME _____ CELL PHONE _____

EMPLOYER _____ OCCUPATION _____

WORK ADDRESS _____ WORK PHONE _____

SOCIAL SECURITY # _____ DRIVER LICENSE _____

EMAIL ADDRESS: _____ VEHICLE LICENSE _____

Parents living at same address? Yes ___ No ___

Have any siblings attended DVMS? _____

Last school or day care attended _____ When? _____

Programs Desired:

INFANT/TODDLER 5 Full Days
9 Hour Block _____

18 – 28 MONTH OLD 5 Full Days _____ 3 Full Days _____ 2 Full Days _____
9 Hour Block _____

2 YEAR FULL DAY
5 Full Days _____ 3 Full Days _____ 2 Full Days _____
9 Hour Block _____ (8 AM- 5 PM)

2 YEAR HALF DAY
5 Half Days _____

PRESCHOOL-KINDERGARTEN Half Day _____ Full Day _____

KINDERGARTEN ENRICHMENT _____

EXTENDED CARE 7:30-8:45 _____ 11:45-1:30 _____
11:45-3:00 _____ 11:45-6:00 _____
3:00-5:00 _____ 3:00-6:00 _____

SIBLING DISCOUNTS: A 5% tuition discount is given to siblings.