Miramonte Application 2010-2011

KINDERGARTEN

Date Rec'd: _____ Date Fee Paid _____ #: _____

Student's Full Name: _____ _____ _____ Gender: M or F
LAST FIRST MIDDLE

Student's Birth Date: Month: ____ Day: ____ Year: _____

Father's Full Name: _____

Address: _____

City/State/Zip: _____

Home Phone: (_____) _____ - _____

Work Phone: (_____) _____ - _____

Cell Phone: (_____) _____ - _____

Email: _____

Mother's Full Name: _____

Address (if different): _____

City/State/Zip: _____

Home Phone: (_____) _____ - _____

Work Phone: (_____) _____ - _____

Cell Phone: (_____) _____ - _____

Email: _____

If you are a member of the Seventh-Day Adventist Church, please list the church where your membership is held_____.

We want to help you make the best decision possible for your child. Please read our Handbook to make sure you are comfortable with our tuition charges, our campus policies, and the Christian teachings presented in our classrooms. A non-refundable processing fee of $125.00 per student, paid in advance, will hold a place for your child. A discount of $50.00 per student will be given if paid on or before March 21, 2010.

How did you hear about Miramonte School? _____