



Angels Montessori School(AMS)

1566 Bailey Rd. Concord ,CA

PH & FAX 925 686 5621

Application For New Student

School year. _____ .Date _____

Name Of the Child

Date Of Birth _____ .Place Of Birth _____

Address.

City _____ Zip. _____ .PH: _____

Name Of Parents:

Father. _____ .Occupation. _____ Phone _____

Mother _____ Occupation _____ Phone _____

Recommended by: _____

Starting Date _____

Enrollment Extended Full day.....days Part time A.M. PM.....days Full time....days

I will bring my child to school at about. _____ A.M. _____ P.M...

I will pick up my child at about _____ .A.M. _____ P.M

Are you interested in serving as a classroom assistance? Yes. No.

Tuition fee is attached.

A registration fee must be accompanied this application. Paid\$ _____

Parent(s)/guardian(s) Name & signature.

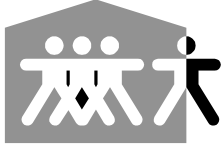
Date _____

FOR SCHOOL USE ONLY

APPROVED...

Date. _____

With drawl date. _____



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Receipt Policy

I.....Parent of.....

Would like to receive my tuition receipt :

- Monthly
- Yearly

Only one of the two options- There will be \$20 charge to issue extra copy . It takes more time in order to issue extra copy specially during the tax time. If you want to switch from Monthly to yearly or visa versa ,we need one month notice in advance.

I am in agreement with the receipt policy.

Name.....Signature.....Date.....