



CMS

Central Montessori School

APPLICATION FOR ADMISSIONS:

Starting Date: m/_____ d/_____ y/_____

Toddler Program

(18 months to 3 yrs.)

2 Full Days 3 Full Days 4 Full Days 5 Full Days
2 Half Days 3 Half Days 4 Half Days 5 Half Days

Casa Program:

(3 years to 5 yrs.)

2 Full Days 3 Full Days 4 Full Days 5 Full Days
2 Half Days 3 Half Days 4 Half Days 5 Half Days

Extended Hours: (7:00 – 8:30 a.m.) Yes No.

Extended Hours: (3:00 – 5:00 p.m.) Yes No.

Approximate Drop-Off Time _____ Pick-Up Time _____

CHILD'S INFORMATION

Child's Last Name			
Child's Given Names (Underline name used)			
Date of Birth	Month	Day	Year
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Home Address			
	City	Postal Code	
Home Telephone Number			
Name of Last School Attended			
Languages Spoken at Home			

FAMILY INFORMATION

	Mother/Guardian	Father/Guardian
Title (Circle one)	Mrs. Ms. Dr. Other:	Mr. Dr. Other:
Last Name		
First Name		
Address (if different from child)		
Employer Name and Address		
Work Telephone Number		
Home Telephone Number		
Cell Telephone Number		
Email Address (Please Print)		
Marital Status	Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/>	
Applicant lives with	Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____	
Correspondence to be sent to	Parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Other _____	
Siblings Name(s)	Age(s)	Gender
1.		
2.		

MEDICAL INFORMATION

Name of Child's Physician	
Physician's Telephone Number	
Physician's Address	
Immunization is Attached	Yes <input type="checkbox"/> No <input type="checkbox"/> Reasons, if No _____
List Child's Allergies	
Does your child have any special dietary requirements?	
Does your child have any special physical, cognitive/ social or emotional needs?	
History of Communicable Diseases	

EMERGENCY AND CHILD PICK-UP INFORMATION

Name of the contact person in the event of an emergency :		
Name	Telephone & Address	Relationship
Other people allowed to pick-up child from the school:		
Name	Telephone	Relationship

In order for your child's application to be processed, it is necessary to include the following items:

1. A copy of your child's latest report and other educational assessment reports.
2. A non-refundable deposit equivalent to your monthly tuition. **(This will pay the June 2026 tuition ONLY).**

3. A non-refundable registration fee of **\$300.00** payable to Central Montessori Schools.
4. A copy of your child's Yellow California Immunization record.

Note: Thirty days written notice is required in the event of an early withdrawal from the School, and at this time, the school will return any post-dated checks on file.

Please complete this application form and mail or drop it off at the school with all necessary items in the enclosed envelope to:

**Central Montessori School
286 North El Camino Real,
Encinitas - CA. 92024 – 2864**

- I / We have read the Policies & Guidelines set out by the school and understand all the information given. Yes [] No []
- I / We have read and understand the fee information set out on the fee schedule. Yes [] No []
- I/ We agree to have photos of, and/or creative material produced by my child to be used by the school as promotional material. Yes [] No []
- I/We give Central Montessori School permission to give our email to other parents attending the school. Yes [] No []

Name of Parent or Guardian: _____
(Please print)

Date (month/day/year)

Parent or Guardian Signature

THANK YOU FOR SELECTING CENTRAL MONTESSORI SCHOOL.

Office use only:

Application fee received: Yes [] No [] Date: _____

Deposit received: Yes [] No [] Date: _____

Post-Dated Checks
or Direct Debit received: Yes [] No [] Date: _____

Date of Withdrawal
m/_____ d/_____ y/_____

Signature of Administrator