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:**

(2 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 ☐ Female ☐
Home Address	
	City Postal Code
Home Telephone Number	
Name of Last School Attended	
Languages Spoken at Home	

1

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 ☐ Divorced ☐ Separated ☐ Single ☐	
Applicant lives with	Both Parents ☐ Mother ☐ Father ☐ Other _____	
Correspondence to be sent to	Parents ☐ Mother only ☐ Father only ☐ 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 ☐　No ☐　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 most recent progress report and any additional educational assessment reports.
2. A non-refundable deposit equivalent to one month's tuition. This deposit will be applied **exclusively to the last month of the school year (June)**.

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   Yes [   ]   No [   ]   Date: _____
or Direct Debit received:

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

Signature of Administrator