



ARBORLAND MONTESSORI CHILDREN'S ACADEMY

1700 W. Valencia Drive, Fullerton, CA 92833 Phone: (714) 871-2311 Fax: (714) 773-1532
2121 Hughes Drive, Fullerton, CA 92833 Phone: (714) 871-3111 Fax: (714) 525-9925
www.arborland.com

APPLICATION FOR ADMISSIONS

Year: 20__ to 20__

First name:	Middle name:	Last name:			
Nick name:		Gender: _____	Date of birth: ____/____/____	Age: _____	Current grade: _____
Home address: _____					
City: _____	State: _____	ZIP code: _____	Phone: _____		
PARENT'S INFORMATION					
Father's/Stepfather's name: _____			Occupation: _____		
Work phone: _____	Cell phone: _____		Cell Phone Carrier: _____		
E-mail: _____					
Mother's/Stepmother's Name: _____			Occupation: _____		
Work phone: _____	Cell phone: _____		Cell Phone Carrier: _____		
E-mail: _____					
The applicant's parents are: (Please circle) Married Separated Divorced Widowed Single					
The child lives with: (Please circle) Mother Father Stepfather Stepmother Other: _____					
Language spoken at home? _____					
Reason for requesting enrollment for the above named child in Arborland Montessori Children's Academy?					
How long do you plan to keep your child enrolled at Arborland Montessori Children's Academy?					
PREVIOUS SCHOOL INFORMATION					
Has the child attended another school?	Name: _____				
School address: _____			How long? _____		
SIBLING INFORMATION					
List all Siblings and the school they currently attend:					
Name: _____		D.O.B: ____/____/____		Grade: _____	
School Attending: _____					
Name: _____		D.O.B: ____/____/____		Grade: _____	
School Attending: _____					
Name: _____		D.O.B: ____/____/____		Grade: _____	
School Attending: _____					
PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY:					
In the event of a major disaster or your child becomes ill or is injured at school, we will need the names of three people you authorize to pick up your child if you cannot. Children will not be allowed to leave with any other person without the written authorization from the responsible parent or guardian. Those listed below must be able to identify themselves.					
Name: _____		Relationship: _____			
Home phone: _____	Work phone: _____	Cell: _____			
Name: _____		Relationship: _____			
Home phone: _____	Work phone: _____	Cell: _____			
Name: _____		Relationship: _____			
Home phone: _____	Work phone: _____	Cell: _____			
PHYSICIAN/HOSPITAL OR DENTIST TO BE CALLED IN EMERGENCY:					
Physician: _____		Phone: _____			
Address: _____		City: _____		Zip: _____	
Hospital of Choice: _____		Phone: _____			
Address: _____		City: _____		Zip: _____	
Medical insurance carrier: _____		Policy #: _____			
Dentist: _____		Phone: _____			
Address: _____		City: _____		Zip: _____	
Dental Insurance Carrier: _____		Policy # _____			
Allergies: Please describe any family circumstance that may be helpful for us to know, such as, allergies, temperament, interests, special physical or emotional conditions, regular medication, special diet, etc.					
Allergies: _____					
Dietary restrictions: _____					
Medication: _____					
Does the applicant take any prescribed medication or need any special medical attention?					
Condition: _____		Medication: _____			
Condition: _____		Medication: _____			

ABOUT MY CHILD/FAMILY

How does your child spend his/her time at home? What does he/she enjoy doing?

Alone:

With you:

With others:

How many hours of television/computer does your child watch/play a day?

How many hours of television/computer do the rest of your family watch/play a day?

What activities do you share as a family?

What limits have you set for your child at home?

What books/articles have you read about Dr. Maria Montessori and her philosophy?

MONTESSORI PROGRAM

Please check the program you are interested in enrolling the child:

VALENCIA HUGHES

_____	Infant Full Day	(7:00 AM – 6:00 PM)
_____	Toddler Full Day	(8:30 AM – 3:00 PM)
_____	Toddler Half Day	(8:30 AM – 12 noon)
_____	Primary Full Day	(8:30 AM – 3:00 PM)
_____	Primary Half Day	(8:30 AM – 12 noon)
_____	Elementary Full Day	(8:30 AM – 3:00 PM Grades 1, 2, 3)
_____		(8:30 AM – 3:15 PM Grades 4, 5, 6)
_____	Junior High	(8:00 AM – 3:45 PM Grades 7, 8)

OPTIONAL PROGRAMS & SERVICES

VALENCIA HUGHES

_____	Childcare (7:00 AM to 8:30 AM and/or 3:00 PM to 6:30 PM)
_____	Lunch (including milk)
_____	Chess
_____	Ballet/Tap
_____	Jazz
_____	Pre-Mozart
_____	Gymnastics
_____	Martial Arts
_____	Private Piano Lessons
_____	Art

AGREEMENTS

INTERNET CONSENT: I hereby, give my consent to Arborland Montessori Children's Academy to allow my child to access the internet for educational purposes: Yes_____ No_____

MEDIA RELEASE: I understand that images and sounds in video, still or audio form of my child related to his/her experience at Arborland Montessori may be used in publications, presentations, media stories, promotional materials, written articles, social media and/or other similar ways. Yes_____

LIABILITY RELEASE: I understand that the activities offered at Arborland Montessori Children's Academy involve physical activities that may result in injury. I, hereby, release and agree to indemnify Arborland Montessori Children's Academy and its shareholders, directors, employees, volunteers, contractors, agents, and Arborland Education and Youth Activity Center from any and all liability from accident or injury incurred while my son/daughter participates in any of the programs offered, whether these programs occur inside or outside of Arborland Montessori Children's Academy. Yes_____

MEDICAL RELEASE: I, hereby, give my consent to Arborland Montessori Children's Academy to administer first aid to my child. I further authorize a medical doctor to examine and treat my child while he/she is in attendance at Arborland Montessori Children's Academy. I agree to accept the financial responsibilities for any costs incurred in the treatment of any injury, or accident of my child. Yes_____

POLICY: I am requesting re-enrollment of my child in Arborland Montessori Children's Academy according to the policies of the school. I have enclosed with this application a \$100.00 annual registration fee, and a \$500.00 annual book/material fee (elementary students only). I understand that the above fees are refundable only if my child is not accepted for re-enrollment. I further understand that the registration fee is for the processing of my child's records and not applicable to tuition, and the tuition deposit will apply to my child's last month's attendance at school. A written notice of at least **30 days** in advance must be given for withdrawal of a child from school or from optional programs. **No withdrawing** your child(ren) from school or any optional program after March 1, 20____. Parents are responsible for tuition and fees until the end of the academic year. All tuition and program fees are based on an academic school year containing **180 school days (not calendar days)** from August____, 20____ through____, 20____. The monthly tuition payments have already excluded school holidays. There are no refunds of tuition, optional fees, or deposits if the student fails to participate, enters late, withdraws, is absent or dismissed before the end of the school year. There are no fee reductions for holidays, illness, or vacation. Yes_____

Parent's Signature:

Date:

OFFICE USE ONLY:

Enrollment date:	Date entered:		
Date Rec Rqst:	Date Rec Rcvd:		
Toddler Age Verification:	Initial:	Deposit:	Ck.#:
Registration:	Ck. #:	Initial:	Last day Attended:
Deposit Refund:	Ck. #:	Amount:	