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:
Cell phone:	E-mail:
Mother's/Stepmother's Name:	Occupation:
Cell phone:	Email:

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:	City:	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:

Special Conditions: 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:

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?

MONTESSORI PROGRAM

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

VALENCIA	HUGHES		
_____		Infant Full Day	(7:30 AM – 5:30 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 enrollment of my child in Arborland Montessori Children's Academy according to the policies of the school. I have enclosed with this application a $_____ deposit, $_____ annual registration fee, and a $_____ annual book/material fee for elementary/Junior High students. I 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:	Age Verification:	Initial:
Date Rec Rqst:	Date Rec Rcvd:	Deposit: Ck.#:	Initial:
Registration: Ck.#:	Initial:	Last day Attended:	