



# ARBORLAND MONTESSORI CHILDREN'S ACADEMY

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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:	
<b>PARENT'S INFORMATION</b>					
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?					
<b>PREVIOUS SCHOOL INFORMATION</b>					
Has the child attended another school?		Name:			
School address:				How long?	
<b>SIBLING INFORMATION</b>					
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:					
<b>PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY:</b>					
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:	
<b>PHYSICIAN/HOSPITAL OR DENTIST TO BE CALLED IN EMERGENCY:</b>					
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:

<u>VALENCIA</u>	<u>HUGHES</u>		
_____	_____	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

<u>VALENCIA</u>	<u>HUGHES</u>	
_____	_____	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 \$200.00 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.#:                      Initial:
Registration:	Ck.#:                      Initial:                      Last day Attended:
Deposit Refund:	Ck. #:                      Amount: