



Enrollment Date _____ Discharge Date _____
 (school use only)

APPLICATION FOR ADMISSION

Enrollment

La Casa Montessori School enrolls students on a first come, first served basis subject to availability. Priority enrollment consideration is given to re-enrolling students and siblings who meet all admissions qualifications. La Casa Montessori School is a year round school with separate enrollment for the school year and summer program. Applications are accepted throughout the year and acceptance decisions are made on a rolling basis. A non-refundable application fee of \$50 is due with your enrollment form to cover administrative costs. A \$400 tuition deposit is due with the contract for the school year. Neither fee is applied towards the tuition payment. The \$400 tuition deposit is refundable at the end of the school year or can be rolled over to the following school year. Summer deposit fees are separate and based per session enrolled. La Casa Montessori School is dedicated to the service of all children. We encourage families of different races, creeds, cultural heritage, political beliefs, marital status, sexual preferences, national/ethnic origins and abilities/disabilities to join us.

Program: Please circle one

Toddler Program: 15 months – 3 years old

Primary Program: 3 – 5 years old

Elementary Program: 5 – 11 years old

Duration: Please circle all that apply

Half Day: 8:00am – Noon
 (Not offered for Elementary Program)

Full Day: 8:00am – 3:00pm

Before Care: 7:00am – 8:00am

After Care or After School: 3:00pm – 6:00pm

Information about your Child

Full Name		Date of Birth	
Prefers to be Called		Gender	
Address			
City, State, Zip			
Home Phone			
Special Dietary Restrictions?			
Life Threatening Allergies?			

Information about Parent(s)/Guardian(s)

- Single Parent
 Married
 Co-Parents
 Separated
 Divorced
 Widowed
 Legal Guardian
 Other Explain:



Enrollment Date _____ Discharge Date _____
 (school use only)

Parent/Guardian Information #1

Check here if Address and Phone Number for the Child are the same as Parent/Guardian Information #1

Name	
Address	
City, State, Zip	
Home Phone	
Personal Mobile Phone	
Personal Email Address	
Employer Name	
Employer Address	
City, State, Zip	
Work Phone	
Work Email	

Share with the School Directory? Yes No

Parent/Guardian Information #2

Check here if Address and Phone Number for the Child are the same as Parent/Guardian Information #2

Name	
Address	
City, State, Zip	
Home Phone	
Personal Mobile Phone	
Personal Email Address	
Employer Name	
Employer Address	
City, State, Zip	
Work Phone	
Work Email	

Share with the School Directory? Yes No



Enrollment Date _____ Discharge Date _____

(school use only)

Information about Siblings

Sibling's Name	
Sibling's Age	
Currently enrolled at La Casa Montessori School?	
Sibling's Name	
Sibling's Age	
Currently enrolled at La Casa Montessori School?	
Sibling's Name	
Sibling's Age	
Currently enrolled at La Casa Montessori School?	

Previous Schools

Please list any previous Montessori or other schools where your child has been in attendance.

School Name	
City and State	
Date Ranges	
School Name	
City and State	
Date Ranges	

What is most important to you about education for your child?

What interests you about this particular Montessori school for your child?



Enrollment Date _____ Discharge Date _____
 (school use only)

Special Dietary Restrictions If your child has special dietary restrictions or requirements such as gluten free, dairy free, vegetarian, etc. please ensure the school is aware. If the condition is an ALLERGY versus Dietary and is life-threatening, please include that information in the Medical Release Section.

Medical Release In the event I cannot be reached to make arrangements for emergency medical care at the time of illness or accident, I hereby authorize an employee of La Casa Montessori School to take my child or arrange ambulance transportation to the following physician or clinic, and I give my consent for necessary emergency care when my child is in the care of this physician and/or hospital/clinic.

Life-threatening allergies? No Yes Please Describe:

Primary Care Physician	
Phone Number	
Hospital/Clinic Address	

Emergency Contact Form Parents **cannot be listed** as emergency contacts. List the name **of at least one person** who can be contacted in the event of an emergency or illness **if you cannot be reached**. Any person listed should be able to assist in contacting you and at least one person listed must be within one hour of the school and able to take responsibility for the child in case you cannot be contacted. If your child becomes ill at school we need someone authorized to be able to pick up your child as soon as possible but no later than one hour from being contacted.

Emergency Contact Name	
Emergency Contact Phone Number	
Emergency Contact Name	
Emergency Contact Phone Number	



Enrollment Date _____ Discharge Date _____
(school use only)

Pick up List (List of those authorized to pick up your child, please be sure to include yourself)

1	Name:	Phone:
2	Name:	Phone:
3	Name:	Phone:
4	Name:	Phone:
5	Name:	Phone:
6	Name:	Phone:
7	Name:	Phone:
8	Name:	Phone:

Any special considerations La Casa Montessori School should be aware of? If yes, please describe:

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian