

# ENROLLMENT APPLICATION SCHOOL YEAR 2025/2026

Registration and Insurance Fee: **\$300.00**

Cash  
 Check No: \_\_\_\_\_ Date Paid: \_\_\_\_\_  
Start Date: \_\_\_\_\_

## STUDENT INFORMATION

Child's Name: \_\_\_\_\_  
Birth date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
Mother's Cell: \_\_\_\_\_ Father's Cell: \_\_\_\_\_  
Mother's Email: \_\_\_\_\_ Father's Email: \_\_\_\_\_

### Attendance Request (please select):

5 Full Days  5 Half Days  3 Full Days  3 Half Days

Request Extended Day 3:00 to 4:00PM  Yes  No

Previous School: \_\_\_\_\_  
Dates of Attendance: \_\_\_\_\_  
Evaluation of the Previous School Experience: \_\_\_\_\_

If no previous school has been attended, describe your child's previous or current group activities.

Briefly Describe Your Child:

Describe a typical day in your child's life (sleeping, eating, activities etc.)

What are your child's current interests?

Share any concerns you have about your child's growth and development.

Share any major events during your child's early years to present (relocation, a parent going back to work, new sibling, death in the family, major illness, accidents, injuries, hospitalization, change of caregiver, divorce or separation, etc.)

Was your child full term or premature? \_\_\_\_\_

### **Please list the age your child:**

Crawled: \_\_\_\_\_ Walked: \_\_\_\_\_ Ate independently: \_\_\_\_\_  
Spoke one word: \_\_\_\_\_ Potty trained: \_\_\_\_\_

**Please submit the Registration and Insurance Fee of \$300 with this application. Thank you!**

**La Jolla Village Montessori School**

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**La Jolla, CA 92037**

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