

ENROLLMENT APPLICATION SUMMER CAMP 2024

Registration and Insurance Fee: **\$175.00**

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

Session: Session 1: June 17 - July 12 Session 2: July 15 - August 9 Session 3: August 12 - 16

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 Registration and Insurance Fee of \$175 with this application. Thank you!

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