

ENROLLMENT APPLICATION SCHOOL YEAR 2023/2024

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 5:00PM 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 Registration and Insurance Fee of \$300 with this application. Thank you!

La Jolla Village Montessori School

7427 Fay Avenue

La Jolla, CA 92037

Phone: (858)454-1811 | Fax:(858)352-6437

info@montessorischoollajolla.com