

ONEONTA MONTESSORI SCHOOL
 2221 Poplar Blvd.
 Alhambra, CA 91801
 (626) 284-0840



APPLICATION FOR ENROLLMENT
 Summer School/Camp
 TK / Kindergarten / Elementary

CHILD'S INFORMATION

Child's Name: _____ DOB: _____ Present Grade: _____

_____ Street Address _____ City _____ Zip Code _____

In case of emergency, who should be contacted first: _____ Mother _____ Father _____ Guardian

MOTHER/GUARDIAN'S INFORMATION

Name: _____
 Home Address: _____

 Cell Phone #: _____
 Work Phone #: _____
 Company Name: _____
 Email Address: _____

FATHER/GUARDIAN'S INFORMATION

Name: _____
 Home Address: _____

 Cell Phone #: _____
 Work Phone #: _____
 Company Name: _____
 Email Address: _____

***ARE THERE ANY SPECIAL COURT ORDERS?** Yes ___ No ___ *If yes, please attach copy & inform office.**

PERSONS AUTHORIZED TO PICK-UP IN CASE OF EMERGENCY (other than parents)

| <u>Name</u> | <u>Telephone Number</u> | <u>Relationship</u> |
|-------------|-------------------------|---------------------|
| | | |
| | | |

Child will **ONLY** be released to the parents/guardians or a person designated above

MEDICAL HISTORY – ALLERGIES

List any allergies/behavior issues staff should be aware of _____
 Does child take prescribed medications? ___ yes ___ no If yes, what kind and any side effects _____
 Does child use any special device(s)? ___ yes ___ no If yes, what kind _____
 Specify any serious or severe illness or accidents _____
 Parent's evaluation of child's health _____

AUTHORIZATION FOR CONSENT OF TREATMENT TO MINOR

I, _____, the undersigned parent of _____, a minor, hereby authorize Oneonta Montessori School as agent for the undersigned to consent to any x-ray, examination, aesthetic, medical or surgical diagnosis or treatment and hospital care under any physician or surgeon licensed under the provision of medical practice act or medical staff of any hospital. This care maybe given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

I hereby authorize any hospital which provides treatment to the above-named minor pursuant to the provision of section 25.8 of the civil code of California. I further agree to accept all financial responsibility for such treatment.

 Signature of Parent/Guardian

 Date

I hereby request space for my child _____ for the Summer Camp/School Program. I understand I am responsible for all fees associated with the Summer Camp Program and any additional fees that may occur if my child enrolls in activities/programs not included in the camp fee such as swimming, occasional daycare, other.

I give Oneonta Montessori School the right and the authority to use and/or publish pictures, images and/or likeness of my child on school media platforms.

_____ \$ 50.00 Visiting campers. Open to children 5 - 11 years of age.

Oneonta Montessori School reserves the right to refuse service to anyone