APPLICATION FOR ENROLLMENT

STUDENT INFORMATION

Student Name: ______________________________ DOB___________ Sex ___ Age___ Grade Entering ___________

Address: ____
Street City State Zip Code

Phone Number: (_____) _____________________ Person responsible for child: __Mother __Father __ Guardian

MOTHER/GUARDIAN INFORMATION

Mother's Name: ____________________________
Home Address: ____________________________
Home Phone #: ____________________________
Cell Phone #: ____________________________
Email: ____________________________

WORK INFORMATION

Company Name: ____________________________
Address: ____________________________
____
Phone #: ____________________________
Profession: ____________________________

FATHER/GUARDIAN INFORMATION

Father's Name: ________________________________
Home Address: ________________________________
Home Phone #: ________________________________
Cell Phone #: ________________________________
Email: ________________________________

WORK INFORMATION

Company Name: _______________________________
Address: _______________________________
____
Phone #: _______________________________
Profession: _______________________________

PERSONS AUTHORIZED TO PICK UP STUDENT

Name	Relationship	Telephone

Child will only be released to parents/guardians or persons designated above

Are there any court orders regarding custody, parental rights or guardianship that affects this student? ___Yes ___No

PROGRAM: **PRESCHOOL**: ___Full Time: Mon - Fri 9:00 -3:00 p.m. ___Part Time: Mon - Fri 9:00 - 12:00 noon
Child is potty trained ___Yes ___No
TRANSITION KINDERGARTEN ___ **KINDERGARTEN** ___ **ELEMENTARY** ___

DAY CARE: ___Extended (daily: before and after school) ___Occasional

Date of Admission: ____________________________

I request space for my child ________________________________ age __________ for grade level ______________. I have enclosed a non-refundable Registration fee. I understand that a 2 week refundable deposit is payable before my child enters school and it is refunded only with a 2 week written notice of withdrawal. I understand I am responsible for all school tuition fees and payments.

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

Parent/Guardian Signature: _______________________________________ Date: _________________

Oneonta Montessori School reserves the right to refuse service to anyone

PRESCHOOL STUDENTS ONLY (Please fill)

PRE-ADMISSION HEALTH HISTORY - PARENT'S REPORT

Has this child been under regular supervision of a Physician: ___ Yes ___ No
Physician to be called in case of emergency: ___________________________________ Phone #: _________________________
Dentist to be called in case of emergency: ___________________________________ Phone #: _________________________
Date of last Physical/Medical examination: ___________________________________ Last Dental exam: _________________
Does child have frequent colds? ___ Yes ___ No If yes, how many in last year? _____

PAST ILLNESSES - Check illnesses child has had and specify approximate date of illness

Illness	*(Date)*	Illness	*(Date)*	Illness	*(Date)*
___ Chicken Pox	_____	___ Asthma	_____	___ Rheumatic Fever	_____
___ Epilepsy	_____	___ Mumps	_____	___ Whooping Cough	_____
___ Poliomyelitis	_____	___ Diabetes	_____	___ 10 Day Measles	_____
___ Hay Fever	_____			___ 3 Day Measles	_____

DEVELOPMENTAL HISTORY

Walked at: _____ Began talking at: _____ Is child toilet trained? _____ Are bowel movements regular? _____
Word used for bowel movement: _______________ Word used for urination ____________

DAILY ROUTINE

What time does child wake up? _________ What time does child go to bed? __________ Does child sleep well? _________
Does child sleep during the day? _________ At what time? __________ For how long? _________

DIET PATTERN

What does child usually eat for these meals? What are the usual eating hours?
Breakfast: ____ ____________________
Lunch: ____ ____________________
Dinner: ____ ____________________
Any food dislikes: ______________________________ Any eating problems: ____
Parents' evaluation of child's personality: ____
How does child get along with parents, brothers, sisters and other children? ___________________________________
Does child have any special problems/fears/needs? (Please explain in detail) ___________________________________
What is the plan for care when child is ill? ____

ALL STUDENTS (Please fill) - CONSENT FOR MEDICAL TREATMENT

Does child have any allergies?: ___ Yes ___No
If yes, list all ____
Does child take any prescribed medications?:___ Yes ___ No If yes, list all ____
List all side effects: ____
Does child use special devices?:___ Yes ___ No If yes, list all ____
Specify any serious or severe illnesses or accidents: ____
Is child presently under a doctor's care? ___ Yes ____No If yes, name of doctor:______________________________________
Parents overall evaluation of child's health: ____

As the parent or authorized representative, I hereby give ONEONTA MONTESSORI SCHOOL consent to obtain all emergency medical or dental care prescribed by a duly licensed Physician (M.D.) Osteopath (D.O) or Dentist (D.D.S). for ____. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of the child named above.

I hereby authorize any hospital which provides treatment, to treat 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.

Parent Signature: _____________________________________ Date: __________