

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

APPLICATION FOR ENROLLMENT
Summer School/Camp
Preschool / Prekindergarten / 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 _____

Hm/Cell Phone # _____

Work Phone # _____

Company Name _____

FATHER/GUARDIAN'S INFORMATION

Name: _____

Home Address _____

Hm/Cell Phone # _____

Work Phone # _____

Company Name _____

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

PERSONS AUTHORIZED TO PICK-UP IN CASE OF EMERGENCY

<u>Name</u>	<u>Telephone Number</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

MEDICAL HISTORY

Specify any serious or severe illness or accidents _____

List any allergies 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 _____

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 program specified on the Fee Schedule Form. I understand that I am responsible for the Summer Camp Program and any additional fees (swimming, occasional daycare) in which I have enrolled my child.

- _____ \$ 25.00 Summer camp registration for students enrolled at Oneonta Montessori School (If fee wasn't paid in March)
- _____ \$ 25.00 Summer camp registration was paid in March (together with Fall Registration fee)
- _____ \$ 35.00 for visiting campers (open to children 6 years and older only). Includes summer camp T-shirt.

Oneonta Montessori School reserves the right to refuse service to anyone