



Montessori of Laguna Niguel
 31171 Niguel Road, Laguna Niguel, CA 92677
 Tel: (949) 661-5437 Fax: (949) 489-8322

1. Student Information:

I request enrollment for the child listed below in Montessori of Laguna Niguel, according to the current policies of the school.

Child's Name	Sex	DOB-MM/DD/YYYY	Age Yr/M

Program Choice:

My child needs _____ days a week from _____ to _____

Academic Year (Sept-Jun)	Summer School (June-Aug)	Both

Note: Use separate form for each child

2. Parent/Guardian Information:

	Father/Guardian	Mother/Guardian
Name:		
Home Address:		
Occupation		
Telephone Numbers: Home:		
Work:		
Cell:		
Social Security Numbers		
Drivers License Number and State		

Child Lives with both parents? Yes _____ No _____

A copy of your Court ordered Restraining Order must be attached in situations of a natural parent being unauthorized to take your child from our facility.

3. Other Information:

a) I request exemption of the child named because immunization are contrary to our religious beliefs	
b) Person who will care for the child when child is ill	
c) Person who will care for the child when child is ill	
d) Other sibling in the family	
e) Please list past illness such as chicken pox, Asthma, mumps, Rubella, Epilepsy, Diabetes, Measles and medication taken routinely	
f) Special needs if any / Allergies	

4. Authorization:

I hereby authorize Montessori of Laguna Niguel to call an Emergency Ambulance in case of an accident or we the Parents/guardians are not immediately available. We the undersigned parent/guardians of _____, a minor, hereby authorize Montessori of Laguna Niguel to consent to any anesthetic, medical or surgical diagnosis or treatment of hospital care. This care may be given under whatever conditions are necessary to preserve the life, limb or wellbeing of the child. It is understood that a conscientious effort will be made to notify us the parents/guardians before such actions are taken. I hereby assume responsibility for the cost of the above medical services.

Signature of Father /Guardian _____

Signature of Mother/Guardian _____

5. Contract Agreement and receipt of school Policies and Procedures

I agree to adhere to the policies and procedures set forth by Montessori of Laguna Niguel in compliance with the department of Community Care licensing. I acknowledge receipt of the parent Handbook and understand the terms regarding conditions and Admission Tuition plan and agree to them. Please accept the application with a non refundable registration and Material fee

Signature of Father /Guardian _____

Signature of Mother/Guardian _____

Date _____