

La Jolla Village Montessori School
7427 Fay Avenue
La Jolla, CA 92037
Phone: (858)454-1811. Fax: (858)454-1132. Email: info@montessorischoollajolla.com

Registration and Insurance Fee: **\$175**

Check No: _____

Date Paid: _____

Start Date: _____

ENROLLMENT APPLICATION SUMMER CAMP 2020

STUDENT INFORMATION

Parents Name: _____

Child's Name: _____

Birth date: _____

Address: _____

City, State, Zip: _____

Home Telephone: _____ Business: _____

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**___ **2 Full Days**___ **2 Half Days**___

Extended Day requested 3:00 p.m. – 5:00 p.m. ___ **Yes** ___ **No**

Dates:

Session 1: June 15 – July 10 ___ **Session 2: July 13 – July 31** ___

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 \$175 with this application.

Thank you!