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: **$300.00**
Check No: _____
Date Paid: _____
Start Date: _____

ENROLLMENT APPLICATION SCHOOL YEAR 2020/2021

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___

Request Extended Day 3:00 – 5:00pm ___Yes ___No ***3 day programs are extremely limited***

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 $300 with this application.

Thank you!