



Montessori Family School

1850 Scenic Avenue • Berkeley, CA 94709 • (510) 848-2322
7075 Cutting Boulevard • El Cerrito, CA 94530 • (510) 236-8802
www.montessorifamily.com

Personal Data

Application Fee: \$50.00 (non-refundable)

Today's Date

Child's Name

<i>Last</i>	<i>First</i>	<i>Middle</i>
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth
		Place of Birth

(1) Parent Name:			(2) Parent Name:		
<i>Last</i>	<i>First</i>		<i>Last</i>	<i>First</i>	
Address			Address		
City	State	Zip	City	State	Zip
Home ()			Home ()		
Work ()			Work ()		
Cell ()			Cell ()		
Email			Email		
Occupation			Occupation		

Living Situation

With whom does the child live? both parent 1 parent 2 joint married single divorced

other (please explain) _____

List siblings (name & age)	Grandparents (name, address & phone)
1.	
2.	
3.	
4.	

List up to 3 emergency guardians who have agreed to take temporary care (in case of illness) or extended care (in a natural disaster) of your child if a parent cannot be reached. This person would come to school and pick up your child for you. Please designate at least one person who lives in the neighborhood of the school.

Name	Address	Phone	Relationship
1.			
2.			
3.			

Enrollment

Applying for year _____ Term Immediate Fall Term Summer Session

Berkeley Campus: Preschool (3-6yrs) Kindergarten (4-6.5 yrs)

El Cerrito Campus: Kindergarten (4-6.5 yrs) Lower Elementary (6-9 yrs) Upper Elementary (9-12 yrs)

Hours Desired: 9-12:30 pm (Preschool only) 9-3 pm 8-9 am (before school) 3-6 pm (afterschool)

Office Use Only:

Date Applied _____ Fee Received _____ Chk# _____

Student Visit Date/Time _____ Class _____

Enrollment packet completed on _____

Required second visit Date/Time _____

Accepted WL Not Accepted

(OVER)

Education/Day Care Experience

Current School/Day Care

Previous School/Day Care

Name	Name
Address	Address
Phone ()	Phone ()
Dates	Dates

Preschool/Kindergarten Applicants Only

Does your child function best in a structured or unstructured environment? _____

Is your child toilet trained? Yes No

What are you doing regarding toilet training? _____

Nap? Yes No Usual nap length? _____

What specific things would you like us to know about your child? _____

Reason for applying to MFS? _____

How did you hear about MFS? friend newspaper yellow pages web site other (please explain) _____

Pediatrician Name	Dentist Name
Address	Address
Phone ()	Phone ()
Health Plan Coverage	Plan
Plan #	Plan #

Special Needs?

Allergies? Yes No Allergy Comments: _____

Food Restrictions :

I (we) the undersigned parent(s) or legal guardian(s) of the above named child, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and rendered under the general supervision of Dr. _____ Phone () _____ or any member of the medical profession licensed under the provisions of the Medical Practice Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care but is given to provide authority and power for the aforementioned physician(s) to render care which is in his/her best judgement may be deemed advisable. The authorization is given pursuant to the provisions of Section 25.8 of the California civil code. The expense of any treatment, including ambulance service, will be accepted by me.

I hereby consent to have my child participate in field trips away from school and all other school related activities (walks, etc.) for all school programs (afterschool, summer, etc.) while my child is enrolled at M.F.S.

I hereby give my permission to the Montessori Family School to use picture(s) of my child for promotional, publicity and news purposes relating to the operation of the school.

My child has permission to walk home or take public transportation after school is dismissed (elementary aged children only): Yes No

The above information is correct and true to the best of my knowledge and will remain in effect for the duration of my child's enrollment at M.F.S.

Signature of Parent or Guardian _____ Date _____

Montessori Family School admits students and employs faculty and staff without regard to race, color, religion or national origin. Montessori Family School considers the records of all students to be confidential information available to student's parent or guardian upon request. Records will be released to schools or other agencies only with the written permission of the parent or guardian.