

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

APPLICATION FOR ENROLLMENT  
Summer School/Camp  
TK / Kindergarten / 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: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

**FATHER/GUARDIAN'S INFORMATION**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

*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/guardians or a person designated above

**MEDICAL HISTORY – ALLERGIES**

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 \_\_\_\_\_

Specify any serious or severe illness or accidents \_\_\_\_\_

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 Summer Camp/School Program. I understand I am responsible for all fees associated with the Summer Camp Program and any additional fees that may occur if my child enrolls in activities/programs not included in the camp fee such as swimming, occasional daycare, other.

- \_\_\_\_\_ \$ 25.00 Summer Camp Registration Fee for students enrolled at Oneonta Montessori School
- \_\_\_\_\_ \$ 25.00 Visiting campers (open to children 5 - 11 years). Includes summer camp T-shirt.

**Oneonta Montessori School reserves the right to refuse service to anyone**