

APPLICATION FORM



IvyCrest Montessori School Enrollment Application

PREFERRED DATE OF ENROLLMENT & SCHEDULE: _____

CHILD'S LEGAL NAME: LAST _____ FIRST _____ MIDDLE _____

HOME ADDRESS _____

CITY _____ ZIP _____ HOME PHONE (____) _____ - _____

GENDER _____ AGE (YRS/MNTHS) _____ DATE OF BIRTH (MM/DD/YY) _____ PLACE OF BIRTH (STATE/COUNTRY) _____

CHILD'S PRIMARY LANGUAGE _____ LANGUAGE(S) SPOKEN AT HOME _____

CHILD LIVES WITH (CHECK ALL THAT APPLY): MOTHER FATHER GRANDPARENT STEPMOTHER STEPFATHER GUARDIAN CAREGIVER

PRIMARY PARENT/GUARDIAN NAME _____ RELATION _____ DRIVER'S LICENSE/CALIFORNIA ID _____ E-MAIL ADDRESS _____

(____) _____ - _____ CELL PHONE CARRIER _____ (____) _____ - _____ WORK PHONE _____ EXT. _____ PLACE OF BIRTH (STATE/COUNTRY) _____

HOME ADDRESS (STREET, CITY, STATE, ZIP) _____

OCCUPATION _____ EMPLOYER _____ EMPLOYER'S ADDRESS _____

SECONDARY PARENT/GUARDIAN NAME _____ RELATION _____ DRIVER'S LICENSE/CALIFORNIA ID _____ E-MAIL ADDRESS _____

(____) _____ - _____ CELL PHONE CARRIER _____ (____) _____ - _____ WORK PHONE _____ EXT. _____ PLACE OF BIRTH (STATE/COUNTRY) _____

HOME ADDRESS (STREET, CITY, STATE, ZIP) _____

OCCUPATION _____ EMPLOYER _____ EMPLOYER'S ADDRESS _____

OTHER CHILDREN IN FAMILY (OLDEST TO YOUNGEST):

NAME _____ GENDER _____ DATE OF BIRTH _____ NAME OF SCHOOL _____ GRADE _____ HOME ADDRESS IF DIFFERENT _____

NAME _____ GENDER _____ DATE OF BIRTH _____ NAME OF SCHOOL _____ GRADE _____ HOME ADDRESS IF DIFFERENT _____

NAME _____ GENDER _____ DATE OF BIRTH _____ NAME OF SCHOOL _____ GRADE _____ HOME ADDRESS IF DIFFERENT _____

EMERGENCY MEDICAL TREATMENT CONSENT (PLEASE READ AND SIGN BELOW):

I (WE) THE UNDERSIGNED, PARENT(S) OF _____, A MINOR, DO HEREBY AUTHORIZE IVYCREST MONTESSORI PRIVATE SCHOOL, ITS ADULT AGENTS AND EMPLOYEES, TO CONSENT TO ANY **EMERGENCY** X-RAY, EXAMINATION, ANESTHETIC, MEDICAL, DENTAL, OR ANY **EMERGENCY** SURGICAL DIAGNOSIS OR TREATMENT AND HOSPITAL CARE TO BE RENDERED TO SAID MINOR. TREATMENT WILL BE ADMINISTERED UNDER THE GENERAL OR SPECIAL SUPERVISION AND UPON ADVICE OF A PHYSICIAN AND/OR SURGEON LICENSED UNDER THE PROVISIONS OF THE MEDICAL PRACTICE ACT OR DENTIST LICENSED UNDER THE PROVISIONS OF THE DENTAL PRACTICE ACT.

IT IS UNDERSTOOD THAT THIS AUTHORIZATION IS GIVEN IN ADVANCE OR ANY SPECIFIC EMERGENCY DIAGNOSIS, TREATMENT OR HOSPITAL CARE BEING REQUIRED, BUT IS GIVEN TO PROVIDE AUTHORITY AND POWER ON THE PART OF IVYCREST MONTESSORI PRIVATE SCHOOL, ITS ADULT AGENTS AND EMPLOYEES, TO GIVE SPECIFIC CONSENT TO ANY AND ALL SUCH EMERGENCY DIAGNOSIS, TREATMENT OR HOSPITAL CARE WHICH THE AFOREMENTIONED PHYSICIAN OR DENTIST IN THE EXERCISE OF HIS/HER BEST JUDGMENT MAY DEEM ADVISABLE.

IT IS UNDERSTOOD THAT I (WE), THE PARENT(S), WILL ASSUME FINANCIAL RESPONSIBILITY FOR COSTS INCURRED FOR TREATMENT AND/OR HOSPITAL CARE.

THIS AUTHORIZATION IS GIVEN PURSUANT TO THE PROVISION OF SECTION 25.8 OF THE CIVIL CODE OF CALIFORNIA.

THIS AUTHORIZATION SHALL REMAIN EFFECTIVE AS LONG AS MY CHILD IS ENROLLED IN IVYCREST MONTESSORI PRIVATE SCHOOL.

PRIMARY PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

DATE _____ NAME OF PHYSICIAN _____ ADDRESS _____ PHYSICIAN PHONE # (____) _____ - _____

DATE _____ NAME OF DENTIST _____ ADDRESS _____ DENTIST PHONE # (____) _____ - _____

| OFFICE USE ONLY: | |
|----------------------------------|--|
| RCVD BY: _____ | DATE: _____ |
| TEACHER: _____ | RM # _____ |
| PROGRAM: _____ | |
| DATE ENROLLED: _____ | |
| REC ROST: _____ | REC RCVD: _____ |
| BIRTH CERT COPY/VERIFIED: _____ | |
| DATE ENTERED: _____ | INITIALS: _____ |
| APP & STUDENT FEE PAID: \$ _____ | |
| <input type="checkbox"/> CASH | <input type="checkbox"/> CHECK # _____ |



DOES THE APPLICANT TAKE ANY **PRESCRIBED MEDICATION** OR NEED ANY SPECIAL MEDICAL ATTENTION? YES NO

IF YES, PLEASE EXPLAIN: _____

CONDITION: _____ MEDICATION: _____

CONDITION: _____ MEDICATION: _____

ALLERGIES (PLEASE LIST ALL OR "N/A"): _____

DIETARY RESTRICTIONS: _____

STUDENT INFORMATION: CURRENT SCHOOL: _____

SCHOOL'S ADDRESS: _____

WHY ARE YOU THINKING OF LEAVING YOUR CURRENT SCHOOL? _____

HAS THE STUDENT EVER BEEN EVALUATED FOR: (IF YES, EXPLAIN ON A SEPARATE SHEET OF PAPER AND PROVIDE PROFESSIONAL REPORTS)

LEARNING DIFFERENCES..... YES NO PSYCHOLOGICAL..... YES NO HEARING..... YES NO

BEHAVIOR..... YES NO VISION..... YES NO I.Q. TESTING..... YES NO

HAVE THERE BEEN ANY SITUATIONS IN THE STUDENT'S LIFE THAT THE SCHOOL SHOULD KNOW ABOUT IN ORDER TO MEET HIS OR HER LEARNING OR DEVELOPMENTAL NEEDS (I.E. FREQUENT MOVES, FREQUENT CHANGES OF SCHOOL, DEATH IN THE FAMILY, DIVORCE, ETC.)?

BY COURT ORDER, THIS CHILD MAY NOT LEGALLY BE RELEASED INTO THE CUSTODY OF (PLEASE PROVIDE A COPY OF THIS ORDER FOR OUR FILES):

DISCIPLINE POLICY: THE AIM OF THE MONTESSORI METHOD IS SELF-DISCIPLINE THROUGH PURPOSEFUL ACTIVITIES. THE IDEA IS TO LIKE WHAT YOU DO, BUT NOT DO AS YOU LIKE, THE RIGHTS AND SAFETY OF EACH PERSON MUST BE PRESERVED. CHILDREN ARE EXPECTED TO RESPECT THE AUTHORITY OF THE TEACHING STAFF, PARENT VOLUNTEERS, OTHER STUDENTS AND ALL PROPERTY, AT ALL TIMES. ANY STUDENT WHO IS UNWILLING TO ADHERE TO SCHOOL POLICIES WILL HAVE THEIR PARENTS CONTACTED TO DISCUSS POSITIVE STEPS FOR CORRECTION. IF DISRUPTIVE, VIOLENT BEHAVIOR OR REFUSAL TO OBEY AUTHORITY CONTINUES, THE FINAL STEP IS REMOVAL FROM THE PROGRAM.

PRIMARY PARENT/GUARDIAN SIGNATURE PRIMARY PARENT/GUARDIAN PRINTED NAME DATE

OFF CAMPUS POLICY: IVYCREST MONTESSORI ADOPTS THE CA EDUCATION CODE SECTION 35330, STATING THAT ALL CHILDREN OR THEIR PARENTS PARTICIPATING IN A SCHOOL-RELATED TRIP OR ACTIVITY WAIVE ALL CLAIMS AGAINST THE SCHOOL FOR INJURY, ACCIDENT, ILLNESS, OR DEATH OCCURRING BY REASON OF THE ACTIVITY OR TRANSPORTATION.

I, THE PARENT/GUARDIAN OF _____ (CHILD'S NAME), GIVE MY PERMISSION TO IVYCREST MONTESSORI AND THE TRANSPORTATION PROVIDER TO TRANSPORT OUR CHILDREN FOR ANY OFF CAMPUS ACTIVITIES. WE UNDERSTAND THE LIABILITY ASPECTS AS SPECIFIED IN CA EDUCATION CODE SECTION 35330.

PRIMARY PARENT/GUARDIAN SIGNATURE PRIMARY PARENT/GUARDIAN PRINTED NAME DATE

I (WE) HEREBY AGREE WITH AND VERIFY, TO THE BEST OF MY (OUR) KNOWLEDGE, THAT ALL THE INFORMATION ON THESE FORMS ARE TRUE AND CORRECT.

PRIMARY PARENT/GUARDIAN SIGNATURE PRIMARY PARENT/GUARDIAN PRINTED NAME DATE

SECONDARY PARENT/GUARDIAN SIGNATURE SECONDARY PARENT/GUARDIAN PRINTED NAME DATE