



Enrollment Application

Welcome!

You've made a great choice for your child! We're honored to become a part of your child's early learning and developmental experiences. Welcome to the C.M.S. family!

This enrollment form ensures your child's safety and overall well-being by keeping us up to date with your child's information, as well as yours. Please make sure you notify our administration of any changes to you, or your child's information on file. We also need this information to comply with childcare licensing regulations. Our parent handbook and school policies are included in this agreement form.

We consider our relationship with our students and their families as an extension of our family. We are a small academic-based Montessori school located in The San Francisco Bay Area and established April of 1976.

Along with Maria Montessori's teaching & learning theories, we have incorporated advanced academics and STEM learning. At CMS, we strongly believe in building a strong learning foundation for student development. Allowing a child to lead with independence and not interfering in tasks they are fully capable of completing on their own is a great way for children to expand their growth, skills, confidence, and independence.

At CMS, we strongly believe in treating all staff, students, and families with respect and dignity. CMS has open lines of communication- where all families feel heard and respected. Please send us an email at california.montessori@gmail.com or call us at 510-566-0806 if you have any questions about our program.

Welcome! We're so glad you're here.

Parents/Guardians: You must disclose information regarding all adults who have legal rights to this child.

Submit a copy of your child's birth certificate and parent(s)/ guardian(s) driver's license ID card. Application will not be accepted without complete documentation.

Submit your one-time \$100 registration fees with this application.

Please submit your child's first month tuition and last month tuition before their first day of school. Child will not be accepted if tuition is not paid. Thereafter, tuition is due on the first day of each month, prior to child's start of day. Please submit all payments in advance if school is closed on holidays.

Requesting a spot beginning- Month: _____, Year _____

TELL US ABOUT YOUR CHILD			
First Name	Middle	Last	Nickname
Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Language spoken at home	
Child's home address (Street/City/State/Zip)			Primary phone
Child lives in: <input type="checkbox"/> 1 household <input type="checkbox"/> 2 households	Parents/Guardians: Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Deceased <input type="checkbox"/> (who?) _____	Communication Preference: Email <input type="checkbox"/> Text <input type="checkbox"/> Phone Call <input type="checkbox"/> In-Person <input type="checkbox"/>	
Who accepts financial responsibility for school expenses? Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other: _____		Any Custody Order/ Agreements Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide documents	
Emergency Contact 1 Full Name- (other than parent)		Emergency Contact 1 Phone	
Emergency Contact 2 Full Name- (other than parent)		Emergency Contact 2 Phone	
Allergies:			

TELL US ABOUT YOU- Parent/Guardian 1			
First Name	Middle	Last	Nickname
Cell Phone	Work Phone	Email	Driver's License Number
Home Address (Street/City/State/Zip)			
Occupation	Employer		Employer Phone
Employer Address (Street/City/State/Zip)			Any Additional Info

TELL US ABOUT YOU- Parent/Guardian 2			
First Name	Middle	Last	Nickname
Cell Phone	Work Phone	Email	Driver's License Number
Home Address (Street/City/State/Zip)			
Occupation	Employer		Employer Phone
Employer Address (Street/City/State/Zip)			Any Additional Info

Has your child had day care and/or preschool experience? Yes No

Name of Preschool / Day Care Center	City and State	Attended: Days Per Week & Hours Per Day

Have you or your child been dissatisfied with your child's past day care or preschool experience? If yes, please explain.

Has your child ever been released or terminated from any previous school experience?
If so, please explain: Yes No

Has your child's hearing and vision been checked in the past year by a licensed physician? Yes No

Does the applicant have any physical impairment or allergies which would, in any way, affect participation in the full range of school activities? Yes No

Does the applicant have any recent serious physical or emotional illness, which requires, or has required, the care of a physician? Yes No

If the answer to either of the two previous questions is "yes," please give details:

Has your child been recommended to receive early childhood intervention services?
Yes No

Is your child currently undergoing any therapy? (Psychoanalysis, behavior, cognitive, physical, family, etc) Yes No

Has your child been diagnosed, or do you suspect they may have a need for special services? (ADHD, Autism ASD, Asperger's, etc)? Yes No

If Yes, please explain:

Please list name, gender, grade, and current school for all other children in your family:

Child's Name	Name of School	Grade	Gender

I certify that all information that I have provided on this application is accurate and will notify CMS immediately of any changes to the information provided.

I agree to all the terms in this Application, and any school policies enforced by California Montessori School.

Print Parent/Guardian Name _____ Date _____

Parent/Guardian Signature _____ Date _____

Office Use Only	
Administrator Name _____	Date _____
Student Name _____	Student Start Date _____