



Arrow Montessori School of San Dimas

818 West Gladstone Street San Dimas, CA 91773

(909) 599-0025

www.arrowmontessori.com

APPLICATION FOR ENROLLMENT

Child's Name _____ Birthday _____ Age _____
Address _____
Phone # _____

Mother's Name _____	Father's Name _____
Occupation _____	Occupation _____
Business Address _____	Business Address _____
Company Name _____	Company Name _____
Street _____	Street _____
City _____ Zip _____	City _____ Zip _____
Phone # _____	Phone # _____
Social Security # _____	Social Security # _____
Driver's License # _____	Driver's License # _____
Mother's Home Address _____	Father's Home Address _____
Street _____	Street _____
City, State & Zip _____	City, State & Zip _____
Phone # _____	Phone # _____
Cell # _____	Cell # _____

ARE BOTH PARENTS AUTHORIZED TO PICK UP THE CHILD? YES NO

Persons authorized to pick up child and/or contact for emergency

Name	Relationship	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child will be released only to parents or designated persons after signing out on the sign in/out sheets.

Signature of Parent

Signature of Administrator

Child's Name _____

Medical Information

Physician _____ Phone # _____

Insurance Provider _____ Phone # _____

Group # _____ Phone # _____

Special Instructions _____

Allergies / Medical Problems _____

Medications to Administer _____

Medications to Avoid _____

Frequent Allergies _____

Liability Release: I give my permission to the above named child to take part in all school activities including sports and school sponsored trips away from school premises, and release the school, its agents and employees from any liability to me or my child because of any injury to my child at school or during field trip.

Photo Release: I give permission to the above named child to have photographs taken during the child's attendance at school or on school sponsored events, in school brochures, newsletters, yearbook and other school publications. I understand there is no time limit placed on the use of these photographs.

Signature of parent (Legal guardian) _____

Consent for Emergency Medical Treatment for Minor

We the under signed parents of _____, a minor, hereby authorize Arrow Montessori School of San Dimas as agent for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care under any physician and surgeon licensed under the provision of medical practice act on medical staff of any hospital.

This care must be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent. I hereby authorize any hospital which provide 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 (Legal guardian) _____

General Information

How did you hear about Arrow Montessori School

Yellow Pages _____ Saw Sign _____ Flyer _____ Referred by _____ Other _____

Comments
