



# The Montessori School of Ojai

806 W. Baldwin Road Ojai, California 93023

## APPLICATION FOR ENROLLMENT

Today's Date: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Date enrollment to begin \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_ Grade applying for \_\_\_\_\_

Infant or PreKindergarten—How many days per week? \_\_\_\_\_ circle days: M T W Th F

Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_ Grade applying for \_\_\_\_\_

Infant or PreKindergarten—How many days per week? \_\_\_\_\_ circle days: M T W Th F

1<sup>st</sup> Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone numbers \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone numbers \_\_\_\_\_

If parents do not live together, indicate with which parent child lives. 1<sup>st</sup> Parent/Guardian \_\_\_\_ 2<sup>nd</sup> Parent/Guardian \_\_\_\_

We utilize email for correspondence (enrollment forms, newsletters, invoicing, etc.). What is the best email address for MSO to use?

Email \_\_\_\_\_

If you prefer to receive hard copies of any correspondence, please notify the office.

Due to State Law SB277 we are required to obtain a current copy of immunization records for students applying to our school. Please attach a copy to this application. If you have questions call the office to speak with the Registrar. 805-649-2525

Previous schools attended:

Name of school	Address	Phone	Dates
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Other children in the family:

Name	Age	School
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Will your child need before and after school child care? \_\_\_\_\_

Morning hours needed \_\_\_\_\_ Afternoon hours needed \_\_\_\_\_

How did you learn about the Montessori School of Ojai?

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Please add any information you think the school should have to help meet the needs of your child(ren).

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