

Laguna Niguel Montessori Center

"Academic Excellence in Harmony with Young Lives."

ADMISSION APPLICATION

Date _____

Child's Name _____ Sex _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

Mothers/Guardian's Full Name _____ Home Phone _____
Cell Phone: _____ email address: _____

Address (if different) _____ City _____ State _____ Zip _____

Fathers/Guardian's Full Name _____ Home Phone _____
Cell Phone: _____ email address: _____

Address (if different) _____ City _____ State _____ Zip _____

Is your child toilet trained? Yes No

Requested Start Date: _____ (Summer attendance receives priority.)

Requested Days of Attendance:

M	T	W	TH	F
Half Days: _____				Full Days: _____
AM Care: _____				PM Care: _____

Has your child attended any other schools? Yes No

If yes, please complete the following:

Name of School and when attended: _____

Why are you looking to change? _____

Please provide a copy child's most recent progress report, if available.

How did you learn of us?

Personal Reference/If so, by whom? _____

Yellow Pages: _____ Drive by: _____

Internet: _____

Other: _____

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FOR OFFICE USE ONLY:

Date of Tour? _____
