

Please Attach a Small Photo

Montessori School of Agoura
28124 Driver Avenue Agoura, California 91301
818.991.8936

Facility License No. 197414804
Tax ID No. 26-0436546
www.MontessoriAgoura.com
Director@MontessoriAgoura.com

APPLICATION FOR ADMISSION

Please Circle Program Choice	5 Day	AM	PM	Full Day	3 Day	AM	PM	Full Day	M	T	W	Th	F
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Child's Name _____ Age _____ Sex _____ Birth Date _____ Birthplace _____

Street Address _____ City _____ Zip _____

Home Phone _____ Home Fax _____ Email Address _____

Father's Name _____ Work Phone _____ Cell Phone _____

Occupation _____ Employer _____

Mother's Name _____ Work Phone _____ Cell Phone _____

Occupation _____ Employer _____

Emergency Contact _____ Relationship to child _____ Phone _____

Child's Doctor _____ Phone _____ Child's general health (allergies) _____

Other children in family _____ Ages _____ Is either parent deceased? _____

_____ Is either parent a stepparent? _____

Any unique feature in the home or the family history that would help better understand the child? _____

Child's most desirable traits? _____

Child's most undesirable traits? _____

Why do you want to enroll your child in a Montessori School? _____

How did you learn about the Montessori School of Agoura? _____

Additional Comments _____

I hereby apply to the Montessori School of Agoura for my child _____ to be enrolled.

(A non-refundable \$ 75 fee must accompany each application)

Extended day care needed _____

Signed (Father) _____

Date _____

Signed (Mother) _____

Start Date _____

Administrator _____