



# A-list montessori

4812 Sawtelle Blvd • Culver City, CA 90230 • 424-500-2960 (O) • Check Box for Preferred Location

11601 Washington Blvd • Los Angeles, CA 90230 • 424-500-2288 (O) • Check Box for Preferred Location

## Application for Admission

Child's Full Name \_\_\_\_\_ Nick Name \_\_\_\_\_ M  F   
Sex

Full Date of Birth \_\_\_\_\_ Previous School Experience \_\_\_\_\_

Parent / Guardian / Partner \_\_\_\_\_ Parent / Guardian / Partner \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Home # \_\_\_\_\_ / Work # \_\_\_\_\_ Home # \_\_\_\_\_ / Work # \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_

## Medical Information

Hospital / Clinic Preference / Urgent Care \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Allergies / Special Health Considerations \_\_\_\_\_

## Admissions

Academic Year 202 \_\_\_\_\_ Summer School 202 \_\_\_\_\_

We would like to start \_\_\_\_\_ Full Day \_\_\_ Half Day \_\_\_ Extended Day \_\_\_

Parent / Guardian / Partner \_\_\_\_\_ Date \_\_\_\_\_

I give permission to my child to go on field trips. I release A List Montessori and individuals form liability in case of accident during activities related to A-list Montessori, as long as normal safety procedures have been taken.

Parent / Guardian / Partner \_\_\_\_\_ Date \_\_\_\_\_

please email application to: [alistmontessori@gmail.com](mailto:alistmontessori@gmail.com)