



- Program \_\_\_\_\_
- Afternoon Lessons (Y N )
- Allergy Alert (Y N )
- \$150 Application Fee

8827 Gerber Rd., Elk Grove, CA  
[vineyardmontessorischool@gmail.com](mailto:vineyardmontessorischool@gmail.com)

Phone: 916-667-9544  
[www.vineyardmontessori.org](http://www.vineyardmontessori.org)

## APPLICATION FOR ADMISSION

Child's Name - First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Enrollment Start Date \_\_\_\_\_

Male  Female Date of Birth \_\_\_\_\_ Age of Child on Entry \_\_\_\_\_

Date application submitted: \_\_\_\_\_

Please Check Program Desired:

Infant (6 weeks – 18 months) _____	Toddler (18 months to 2.5 years) _____	Transition (2.5 years to 3.5 years) _____	Pre-Kinder/Kindergarten (3 to 6 years) _____
---------------------------------------	---	--	---

Please Indicate Schedule: Children may be enrolled for 5, 4, 3, or 2 days. Please indicate the number and specific days you would like your child to attend Vineyard Montessori. NOTE: Infant care is ONLY five days a week.

<input type="checkbox"/> Full Days: 7:30AM to 5:30PM	Days of enrollment: _____
<input type="checkbox"/> School Days: 8AM to 2PM	Days of enrollment: _____
<input type="checkbox"/> Half Days: 8AM to Noon	Days of enrollment: _____

Child lives with:  Both Parents  Father  Mother  Other (explain: \_\_\_\_\_)

Siblings (names and ages): \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Parent/Guardian's Name	Parent/Guardian's Name
Relationship to child:	Relationship to child:
Home Address	Home Address
Zip Code	Zip Code
Home Phone	Home Phone
Cell Phone	Cell Phone
E-mail Address	E-mail Address
Occupation	Occupation
Employer or Business	Employer or Business
Business Phone	Business Phone

---

**APPLICATION FEE**

An application fee of \$150.00 must accompany this application for admission. Prior to enrollment, this fee will secure a place on our waiting list for your child. Upon enrollment, this fee will cover registration, processing fees, materials and supplies. The application fee is also applied to two Parenting Classes that will be offered throughout the year. Both parents are asked to attend these classes. THE APPLICATION FEE IS NON-REFUNDABLE.

---

**STUDENT BACKGROUND**

Is your child ...	No	Yes	Explanation (use the additional space below the chart if needed)
allergic to any foods, medications, insects, etc.?			
on a special diet?			
unable to participate in physical education?			
under a physician's care for a particular problem?			
on medication on a consistent basis?			
receiving any type of therapy at this time?			
a pre-term baby?			
receiving any type of therapy?			

Additional comments/explanations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have there been any difficulties or crises in your family such as accidents, medical problems, etc., that may have affected the emotional well-being of your child?  No  Yes [Please explain]: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are some of your child's strengths, abilities, or special interests? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there anything else you would like us to know? \_\_\_\_\_

Please list anyone else permitted to pick up your child from school:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

---

---

I do hereby attest that the information above is accurate and complete to the best of my knowledge and ability.

\_\_\_\_\_  
Father/ Guardian's Signature

\_\_\_\_\_  
Mother/ Guardian's Signature