



# ARBORLAND MONTESSORI INFANT - 8TH GRADE PRIVATE SCHOOLS

1700 W. Valencia Drive, Fullerton, CA 92833    2121 Hughes Drive, Fullerton, CA 92833  
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## APPLICATION FOR RE-ENROLLMENT 2025-2026

First name:		Middle name:		Last name:	
Nickname:		Gender:	Date of Birth: ___/___/___	Age:	Current grade:
Home address:					
City:		State:	ZIP code:	Phone:	
<b>PARENT INFORMATION</b>					
Father's/Stepfather's name:				Occupation:	
Work phone:		Cell phone:		Cell Phone Carrier:	
E-mail:					
Mother's/Stepmother's name:				Occupation:	
Work phone:		Cell phone:		Cell Phone Carrier:	
E-mail:					
The applicant's parents are: (Please circle) Married    Separated    Divorced    Widowed    Single					
The child lives with: (Please circle) Mother    Father    Stepfather    Stepmother    Other: _____					
<b>SIBLING INFORMATION</b>					
List all siblings and the school they currently attend:					
Full name:				D.O.B: ___/___/___	Grade:
School attending:					
Full name:				D.O.B: ___/___/___	Grade:
School attending:					
<b>PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY:</b>					
Those listed below must be able to identify themselves.					
Name:				Relationship:	
Home phone:		Work phone:		Cell:	
Name:				Relationship:	
Home phone:		Work phone:		Cell:	
Name:				Relationship:	
Home phone:		Work phone:		Cell:	
<b>PHYSICIAN/HOSPITAL OR DENTIST TO BE CALLED IN EMERGENCY:</b>					
Physician:				Phone:	
Address:		City:		Zip:	
Hospital of choice:				Phone:	
Address:		City:		Zip:	
Medical insurance carrier:				Policy #:	
Dentist:				Phone:	
Address:		City:		Zip:	
Dental Insurance Carrier:				Policy #	
Allergies: Please describe any family circumstance that may be helpful for us to know, such as, allergies, temperament, interests, special physical or emotional conditions, regular medication, special diet, etc.					

Dietary restrictions:	
Medication:	
Does the applicant take any prescribed medication or need any special medical attention?	
Condition:	Medication:
Condition:	Medication:

**MONTESSORI & OPTIONAL PROGRAMS**

Please check the program you are interested in enrolling your child:

<u>VALENCIA</u>	<u>HUGHES</u>		
_____	_____	Infant Full Day	(7:30 AM – 5:30 PM)
_____	_____	Toddler Full Day	(8:30 AM – 3:00 PM)
_____	_____	Toddler Half Day	(8:30 AM – 12 noon)
_____	_____	Primary Full Day	(8:30 AM – 3:00 PM)
_____	_____	Primary Half Day	(8:30 AM – 12 noon)
_____	_____	Elementary Full Day	(8:30 AM – 3:00 PM Grades 1, 2, 3)
			(8:30 AM – 3:15 PM Grades 4, 5, 6)
_____	_____	Junior High	(8:00 AM – 3:45 PM Grades 7, 8)

OPTIONAL PROGRAMS & SERVICES

<u>VALENCIA</u>	<u>HUGHES</u>	
_____	_____	Childcare (7:00 AM to 8:30 AM and/or 3:00 PM to 6:30 PM)
_____	_____	Lunch (including milk)
_____	Offered Through Education Center	Taekwondo
_____		Ballet/Tap
_____		Jazz
_____		Pre-Mozart
_____		Gymnastics
_____		Chess
_____		Private Piano Lessons
_____		Art

**AGREEMENTS (PLEASE INITIAL)**

**IMAGE RELEASE:** I understand Arborland uses images of school activities to share news, reminders, and information about our program on print and social media (ex: Facebook, newsletters, website, etc.). I give permission to Arborland Montessori Children's Academy to use Image and Sound of my child taken during school activities. I understand that my child's Image and Sound will not be sold to any third party. Yes\_\_\_\_\_ No\_\_\_\_\_

**INTERNET CONSENT:** I hereby give my consent to Arborland Montessori Children's Academy to allow my child to access the internet for educational purposes: Yes\_\_\_\_\_ No\_\_\_\_\_

**LIABILITY RELEASE:** I understand that the activities offered at Arborland Montessori Children's Academy involve physical activities that may result in injury. I hereby release and agree to indemnify Arborland Montessori Children's Academy and its shareholders, directors, employees, volunteers, contractors, agents, and Arborland Education and Youth Activity Center from any and all liability from accident or injury incurred while my son/daughter participates in any of the programs offered, whether these programs occur inside or outside of Arborland Montessori Children's Academy. Yes \_\_\_\_\_

**MEDICAL RELEASE:** I hereby give my consent to Arborland Montessori Children's Academy to move and administer first aid to my child. I further authorize a medical doctor to examine and treat my child while he/she is in attendance at Arborland Montessori Children's Academy. I agree to accept the financial responsibilities for any costs incurred in the treatment of any injury or accident of my child. Yes\_\_\_\_\_

**POLICY:** I am requesting re-enrollment of my child in Arborland Montessori Children's Academy according to the policies of the school. I have enclosed with this application a \$100.00 annual registration fee. I have also included a \$500.00 annual book/material fee for elementary/junior high students. I understand that the above fees are refundable only if my child is not accepted for re-enrollment. I further understand that the registration fee is for the processing of my child's records and not applicable to tuition, and the tuition deposit will apply to my child's last month's attendance at school. A written notice of at least **30 days** in advance must be given for withdrawal of a child from school or from optional programs. **No withdrawing** your child(ren) from school or any optional program after March 1, 2026. Parents are responsible for tuition and fees until the end of the academic year. All tuition and program fees are based on an academic school year containing 180 school days (not calendar days) from August 11, 2025 through May 27, 2026. The monthly tuition payments have already excluded school holidays. There are no refunds of tuition, optional fees, or deposits if the student fails to participate, enters late, withdraws, is absent or dismissed before the end of the school year. There are no fee reductions for holidays, illness, or vacation. Yes\_\_\_\_\_

Parent's/Guardian's signature:	Date:
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**OFFICE USE ONLY:**

Re-enrollment fees: \$	Ck.#:	Date submitted:	Initial:
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