



A-list montessori preschool

4812 Sawtelle Blvd
Culver City, CA 90230
424-500-2960 (O)
310-625-9764 (C)

Application for Admission

Child's Full Name _____	Nick Name _____	M _____ F _____ Sex
Full Date of Birth _____	Previous School Experience _____	
Parent / Guardian / Partner _____	Parents / 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 201_____	Summer School 201_____
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 _____