

Redwood Coast Montessori

2025 - 2026 Enrollment Form

Student's LEGAL Name: _____ Date of Birth: _____
(from birth certificate) Last Name First Name Middle Name Mo/Day/Year

Grade: _____ Gender: _____ Female _____ Male _____ Non binary

Parent/Legal Guardian #1:

First Last Relationship () Home Phone () Cell Phone

Address City State Zip e-mail address

Employer () Work Phone

Parent/Legal Guardian #2:

First Last Relationship () Home Phone () Cell Phone

Address City State Zip e-mail address

Employer () Work Phone

Is your student Hispanic or Latino? _____ No, not Hispanic or Latino _____ Yes, Hispanic or Latino

WHAT IS YOUR STUDENT'S RACE (Please check up to five racial categories) The question above is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your child's race to be.

<input type="checkbox"/>	Native American (100)	<input type="checkbox"/>	Other Asian (299)
<input type="checkbox"/>	Chinese (201)	<input type="checkbox"/>	Hawaiian (301)
<input type="checkbox"/>	Japanese (202)	<input type="checkbox"/>	Guamanian (302)
<input type="checkbox"/>	Korean (203)	<input type="checkbox"/>	Samoan (303)
<input type="checkbox"/>	Vietnamese (204)	<input type="checkbox"/>	Tahitian (304)
<input type="checkbox"/>	Asian Indian (205)	<input type="checkbox"/>	Other Pacific Islander (399)
<input type="checkbox"/>	Laotian (206)	<input type="checkbox"/>	African American or Black (600)
<input type="checkbox"/>	Cambodian (207)	<input type="checkbox"/>	White (700) Persons having origins in any of the original peoples of Europe, North Africa or the Middle East
<input type="checkbox"/>	Hmong (208)		

Check box for each parent/ with highest level of formal education

Parent 1

<input type="checkbox"/>	High School Graduate (13)	<input type="checkbox"/>	Not High School Graduate (14)
<input type="checkbox"/>	Some College (12)	<input type="checkbox"/>	Associate's Degree (12)
<input type="checkbox"/>	College Graduate (11)	<input type="checkbox"/>	Graduate Degree or Higher (10)

Parent 2

<input type="checkbox"/>	High School Graduate (13)	<input type="checkbox"/>	Not High School Graduate (14)
<input type="checkbox"/>	Some College (12)	<input type="checkbox"/>	Associate's Degree (12)
<input type="checkbox"/>	College Graduate (11)	<input type="checkbox"/>	Graduate Degree or Higher (10)

Name of last school your

Student attended: _____ Last day attended: _____

Address: _____ City: _____ State: _____ Zip: _____

School phone: () _____

Home Language Survey

What language did your son/daughter learn when he/she began to talk? _____

What language does your son/daughter most frequently use at home? _____

What language do you most frequently speak to your son/daughter? _____

What language is spoken most often by the adults at home? _____

Home Language

<input type="checkbox"/>	English (00)	<input type="checkbox"/>	Lao (10)
<input type="checkbox"/>	Spanish (01)	<input type="checkbox"/>	Hmong (23)
<input type="checkbox"/>	Vietnamese (02)	<input type="checkbox"/>	Portuguese (06)
<input type="checkbox"/>	Mandarin (07)	<input type="checkbox"/>	Cantonese (03)
<input type="checkbox"/>	Korean (04)	<input type="checkbox"/>	Arabic (11)
<input type="checkbox"/>	Other (99)		

Residence – Where is your child currently living

<input type="checkbox"/>	Single family permanent residence (200)
<input type="checkbox"/>	Shared housing w/ others due to hardship (120)
<input type="checkbox"/>	Shelter / Transitional housing (100)
<input type="checkbox"/>	Motel/Hotel (110)
<input type="checkbox"/>	Unsheltered (car/campsite) (130)
<input type="checkbox"/>	Other (300)

Special Education (Please select all that apply)

<input type="checkbox"/>	No Special Ed/504 Plan	<input type="checkbox"/>	504 Accommodation Plan	<input type="checkbox"/>	Speech/Language
<input type="checkbox"/>	Resource (RSP)	<input type="checkbox"/>	Counseling	<input type="checkbox"/>	English Language Development
<input type="checkbox"/>	Gifted (GATE)	<input type="checkbox"/>	Remedial Math or Reading	<input type="checkbox"/>	Special Day Class (SDC)

Medical – Any Special Health Problems: _____

Medication – Given at home: _____ Given at School: _____

Emergency contacts (May pick student up from school)

Name	Relationship	Phone

MEDIA PERMISSION

I give permission for my student to be observed, interviewed, photographed and/or filmed when a representative of the school or media has been permitted by the principal or designee to be on campus or during a school sponsored field trip.

_____ YES

_____ NO

Signature of Parent/Guardian _____ Date _____

AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

While your child is in our care, an accident or emergency illness may occur which requires attention without sufficient time to contact parents. Every effort will be made to contact parents or a person designated on the emergency health form. The California Legislature has authorized consent in advance by parents or legal guardian for such treatment (Section 25.8 of Civil Code).

(I) (We), the undersigned, parent(s) of _____, a minor, do hereby authorize **Redwood Coast Montessori** as agent for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act or to consent to any X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any dentist licensed under the provisions of the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dental, hospital or otherwise.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide the authority and power on the part of said agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which such physician or dentist in the exercise of his best judgment may deem advisable.

(I) (We) hereby authorize any hospital that has provided treatment to the above-named minor pursuant to the provision of Section 25.8 of Civil Code of California to surrender physical custody of such minor to Redwood Coast Montessori upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

These authorizations shall remain effective through **July 12, 2026**, unless sooner revoked in writing delivered to Redwood Coast Montessori.

_____ Date	_____ Parent/Guardian Signature
Child's Birthdate: _____ Doctor: _____ Dentist: _____	
Chronic Illnesses: _____ Allergies: _____	
Medications: _____ Date/Last Tetanus: _____	
Name & No. of Med. Insurance Policy: _____	

Insured's Name: _____	

Please return this consent form to Redwood Coast Montessori. This form will only be used in case of an emergency.

IMPORTANT!**Household Income Data Collection – Redwood Coast Montessori**

Household Last Name: _____ Phone: _____ E-mail: _____

PART I: Fill in the following information for children living in your household

Name of Child(ren) attending a California K-12 Public School			School Attending	Birth Date	Grade Level
Last	Middle	First			
1.					
2.					
3.					
4.					
5.					
6.					

PART II: Fill in the following for Household Size and Household Income

1. Total number of people living in your household (mark only one):	2. Total Annual Household Gross Income: (In the same row, please mark only one income option below)		
1 person living in home <input type="checkbox"/> >> >	\$0 to \$20,345 <input type="checkbox"/>	\$20,346 to \$28,953 <input type="checkbox"/>	\$28,954 or more <input type="checkbox"/>
2 people living in home <input type="checkbox"/> >> >	\$0 to \$27,495 <input type="checkbox"/>	\$27,496 to \$39,128 <input type="checkbox"/>	\$39,129 or more <input type="checkbox"/>
3 people living in home <input type="checkbox"/> >> >	\$0 to \$34,645 <input type="checkbox"/>	\$34,646 to \$49,303 <input type="checkbox"/>	\$49,304 or more <input type="checkbox"/>
4 people living in home <input type="checkbox"/> >> >	\$0 to \$41,795 <input type="checkbox"/>	\$41,796 to \$59,478 <input type="checkbox"/>	\$59,479 or more <input type="checkbox"/>
5 people living in home <input type="checkbox"/> >> >	\$0 to \$48,945 <input type="checkbox"/>	\$48,946 to \$69,953 <input type="checkbox"/>	\$69,954 or more <input type="checkbox"/>
6 people living in home <input type="checkbox"/> >> >	\$0 to \$56,095 <input type="checkbox"/>	\$56,095 to \$79,828 <input type="checkbox"/>	\$79,829 or more <input type="checkbox"/>
7 people living in home <input type="checkbox"/> >> >	\$0 to \$63,245 <input type="checkbox"/>	\$63,246 to \$90,003 <input type="checkbox"/>	\$90,004 or more <input type="checkbox"/>
8 people living in home <input type="checkbox"/> >> >	\$0 to \$70,395 <input type="checkbox"/>	\$70,396 to \$100,178 <input type="checkbox"/>	\$100,179 or more <input type="checkbox"/>
9 people living in home <input type="checkbox"/> >> >	\$0 to \$77,545 <input type="checkbox"/>	\$77,546 to \$110,353 <input type="checkbox"/>	\$110,354 or more <input type="checkbox"/>
10 people in home <input type="checkbox"/> >> >	\$0 to \$84,695 <input type="checkbox"/>	\$84,696 to \$120,528 <input type="checkbox"/>	\$120,529 or more <input type="checkbox"/>
Other: _____	Other: _____		

I certify (promise) that the information provided on this form is true and that I included all income. I understand that the school may receive state and federal funds based on the information I provide and that the information could be subject to review.

Signature of adult household member completing this form

Date

Printed name of adult household member completing this form

The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. § 1232g; 34 CFR Part 99); Title 2, Division 4, Part 27, Chapter 6.5 of the California Education Code, beginning at Section 49060 et seq.; the California Information Practices Act (California Civil Code Section 1798 et seq.) and Article 1, Section 1 of the California Constitution.

Who should I include in "Household Size"?

You must include yourself and all people living in your household, related or not (for example, children, grandparents, other relatives, or friends) who share income and expenses. If you live with other people who are economically independent (for example, who do not share income with your children, and who pay a pro-rated share of expenses), do *not* include them.

What is included in "Annual Household Income"? Annual Household Income includes the following:

- **Gross earnings from work:** Use your gross income, not your take-home pay. Gross income is the amount earned before taxes and other deductions. This information can be found on your pay stub or if you are unsure, your supervisor can provide this information. Net income should only be reported for self-owned business, farm, or rental income.
- **Welfare, Child Support, Alimony:** Include the amount each person living in your household receives from these sources, including any amount received from CalWORKs.
- **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits:** Include the amount each person living in your household receives from these sources.
- **All Other Income:** Include worker's compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income received. Do not include income from CalFresh, WIC, federal education benefits and foster payments received by your household.
- **Military Housing Allowances and Combat Pay:** Include off-base housing allowances. *Do not* include Military Privatized Housing Initiative or combat pay.
- **Overtime Pay:** Include overtime pay *ONLY* if you receive it on a regular basis.

How do I report annual household income for pay received on a monthly, twice a month, every two weeks, or weekly basis?

- Determine each source of household income based on above definitions. Households that receive income at different time intervals must annualize their income as follows:
 - If paid monthly, multiply total pay by 12
 - If paid twice per month, multiply total pay by 24
 - If paid bi-weekly (every two weeks), multiply total pay by 26
 - If paid weekly, multiply total pay by 52
- Add annualized pay together to determine the total annual household income and check the box on the other side of this form if it is within either of the ranges displayed for your household size.
- If your household size exceeds the size on the chart, list household size and total annual household income in the space provided.

If your income changes, include the wages/salary that you regularly receive. For example, if you normally make \$1,000 each month, but you missed some work last month and made \$900, put down that you made \$1,000 per month. Only include overtime pay if you receive it on a regular basis. If you have lost your job or had your hours or wages reduced, enter zero or your current reduced income.

For additional information on Household Size and Household Income, please see the Eligibility Manual for School Meals on the U.S. Department of Agriculture Guidance and Resource Web page at

<http://www.fns.usda.gov/cnd/guidance/default.htm>.



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2025-2026 Family Questionnaire

Welcome to Redwood Coast Montessori. These questions are intended to help us get to know your family and student. We hope to inspire you to share about yourselves, your hopes and dreams for your student as well as reflect upon your own schooling as you answer these questions. Your information will be kept confidential and used only to help our teaching staff to ensure we can meet every child's needs as we build a diverse and enriched school community. Feel free to use the back of the page if you need extra space.

Student's Name: _____ Preferred Name: _____

Date of Birth: _____ grade in 2024-2025: _____

Previous Montessori student? _____ If yes, age at start and how many years? Age: _____ years: _____

1. What kind of person is your student? Please describe him or her:

2. What brings your student the greatest joy?

3. What are you looking for in a school for your student? What do you want your student to come away with as a result of their school experience?

4. Why are you attracted to Montessori Education for your student?

5. Please list your student's health needs or conditions/allergies:

6. Describe any behavioral concerns you have with your student and what strategies you have found to be successful in handling these issues.

7. Describe any fears your student has that may impact their learning and how we can help your student.

Redwood Coast Montessori

Emergency Contacts 2025-2026

Please Print

Names of students:

1) _____ 2) _____
3) _____ 4) _____

☐ Check here if there are no changes from last year

Parent/Legal Guardian:

First Last () Home Phone () Cell/Work Phone

Address City State Zip e-mail address

Parent/Legal Guardian:

First Last () Home Phone () Cell/Work Phone

Address City State Zip e-mail address

☐ Check here if you do NOT want your contact information included in the school directory

☐ Check here if you do NOT want your child's photograph/name shared with the media or on social media.

EMERGENCY CONTACTS

(Please list at least 2 other than yourself) These are people to call who will be able to pick up your student if we cannot reach you right away for such things as: your student becomes ill, injured, or is behaving in such a way that he/she is unreasonably disrupting the school or afterschool care setting, or there is a school emergency. Listing them here authorizes them to pick up your student.

Name	Phone	Address	Relationship to student

AUTHORIZED PICK-UP

Only people listed below (or in emergency contacts) will be permitted to take your student from our program. Photo ID will be required of people unfamiliar to us. If you want to add more people later, you may.

Name	Phone	Address	Relationship to student

In case of emergency, if you cannot be reached, what steps do you want taken?
