



I would like to enroll the following child:

School: Pasadena Montessori \_\_\_\_\_ San Marino Montessori \_\_\_\_\_

Child's Name: \_\_\_\_\_

Last

First

Middle

Address: \_\_\_\_\_

Street

Apt

City

State

Zip

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Entry Date: \_\_\_\_\_

Type of Program (please check one): ☐ Full Time ☐ 3-Day ☐ AM session ☐ PM session

Type of Daycare (please check one): ☐ Continuous ☐ Occasional

Time of arrival: \_\_\_\_\_ Time of departure: \_\_\_\_\_

Based on the above schedule, my child's tuition will be: \_\_\_\_\_

~~~A NON-REFUNDABLE ONE TIME REGISTRATION FEE OF \$150.00 IS DUE UPON ENROLLMENT~~~

A SIGNED CONTRACT WILL BE MADE PART OF THIS APPLICATION FORM

Father's (Guardian's) Name: \_\_\_\_\_

Home phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work phone: \_\_\_\_\_

Email: \_\_\_\_\_

SSN: \_\_\_\_\_

Mother's (Guardian's) Name: \_\_\_\_\_

Home phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work phone: \_\_\_\_\_

Email: \_\_\_\_\_

SSN: \_\_\_\_\_

Person responsible for tuition: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Are there any special situations we should be aware of? \_\_\_\_\_

Please note any allergies that your child may have: \_\_\_\_\_

~~~A CARE PLAN MUST BE PROVIDED IF MEDICATION IS TO BE ADMINISTERED BY THE SCHOOL~~~

The following must be received by the school before your child's first day of school:

☐ Health history ☐ Immunization record ☐ Emergency card ☐ Registration fee

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

To be filled out by administrator/ director:

Placement: \_\_\_\_\_ Date enrolled: \_\_\_\_\_ Date withdrawn: \_\_\_\_\_