

# ARCADIA MONTESSORI SCHOOL

1406 S. Santa Anita Ave \* Arcadia, California 91006 \* (626) 447-3513

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## APPLICATION FOR ENROLLMENT

I/We request the admission of the below named children in the ARCADIA MONTESSORI SCHOOL in accordance with the current policies of the school:

Children(s) Name

_____ /                      /                      /					
Last	First	Middle	Sex	Age	Birthdate
_____ /                      /                      /					
Last	First	Middle	Sex	Age	Birthdate

Father's and Mother's Names \_\_\_\_\_

Address \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

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- Enclosed is our \$50.00 Non-Refundable Registration Fee. My child is to start school:
- As soon as space is available
  - Summer School
  - Fall School Term
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If application is for a sibling of a child presently attending the ARCADIA MONTESORI SCHOOL and the \$50.00 Registration Fee previously has been paid:

- Enclosed is our tuition payment deposit of \$25.00
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\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Parent or Guardian