



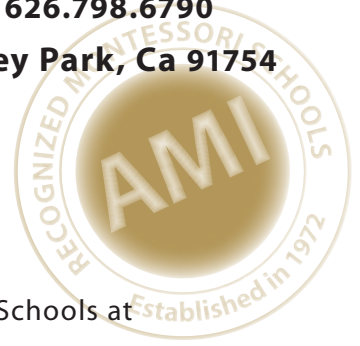
**MONTESSORI SCHOOLS**

**2009 South Garfield Avenue, Monterey Park, Ca 91754**  
Phone **323.724.0683** Fax **323.724.0028**

**943 East Altadena Drive, Altadena, Ca 91001**  
Phone **626.798.1171** Fax **626.798.6790**

**133 East Graves Avenue, Monterey Park, Ca 91754**  
Phone **626.872.0437**

[www.mehermontessori.org](http://www.mehermontessori.org)



### APPLICATION FOR ENROLLMENT

I request the admission of the below named child(ren) in the Meher Montessori Schools at \_\_\_\_\_

Monterey Park (ages 2 1/2 – 14)

Altadena (ages 2 1/2 – 6)

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Child's Name \_\_\_\_\_  
*last first middle*

Sex \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

When do you want your child to start? \_\_\_\_\_ Office Use \_\_\_\_\_

For each child, please enclose a non refundable \$250 APPLICATION FEE. The application fee is for our processing your form and is in no case refundable. If, after an evaluation by the school, your child is accepted and given a starting date, there is a non-refundable \$100 DEPOSIT required which is credited to tuition.

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### RELEASE FORM

All Parents who wish enrollment for their child(ren) at the Meher Montessori School must sign the following:

I hereby give my permission for my child to take part in all School activities, including field trips and sports away from the School premises. Further I understand that certain School related activities such as travel, play on the playground, and sports contain an inherent risk of injury and on behalf of myself and my child, **I hereby release the School, its agents and employees and waive any claim I or my child and/or our heirs, executors, administrators and assigns may have against them for any injury or disability incurred either at School or during any off campus activity except for claims arising from the active misconduct or gross neglect of School personnel.** I also give my permission for the School to photograph/video my child and to use that photograph/video or likeness thereof for publicity purposes, and I hereby waive all rights to compensation.

Date \_\_\_\_\_ Parent's Signatures \_\_\_\_\_

*mother*

*father*