

Cedar Montessori  
345 No. Cedar Street  
Glendale, California 91206  
818-246-1563 (P)  
[www.cedarm.com](http://www.cedarm.com)



## Application for Enrollment

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

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

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Job Title/Employment: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Job Title/Employment: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

A one-time non-refundable application fee of \$250.00 (per child) must accompany this application.

### Release Form

I hereby give my permission for my child to take part in all school activities including field trips and away from school premises, and further release the school, its agents and employees from any liability to me or my child because of any injury or liability at school or during any off school activity. I further give my permission for the school to photograph my child and use that photograph or likeness thereof for publicity purposes and hereby waive all rights for compensation.

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Cedar Montessori - Parent Questionnaire

1. What are the most important factors in your choice of a preschool?

---

---

---

2. What kind of person is your child? Please describe their personality, approach to new situations, difficulties and strengths.

---

---

---

3. Please tell us about your family and home life. Who are the members of your family, do you have any animals, speak a language other than English?

---

---

---

4. Does your child spend time with another caregiver (grandma, nanny, aunt, etc.)?

---

---

---

5. If you are applying after the school year has started please list the reason.

---

---

---