

Montessori of Walnut Registration Form

Child's Name: _____

Date of Birth: _____ Sex (M/F): _____ Age: _____

Mothers Name: _____

Occupation: _____ Email: _____

Employer Name & Address _____

Home Address _____

Telephone (Home): _____ (Work): _____ (Cell): _____

Fathers Name: _____

Occupation: _____ Email: _____

Employer Name & Address _____

Home Address _____

Telephone (Home): _____ (Work): _____ (Cell): _____

How did you find us? _____

Name of Child's Previous School? _____

Drop off time: _____ Pick up time: _____

5 Days 5 1/2 Days 3 Days 3 1/2 Days Days: M__ T__ W__ Th__ F__

Office Use Only

Registration Fee _____

Admission Date _____

Monthly Tuition _____

Wait List _____

Weekly Tuition _____

Office Notes:

Potty Trained