

# MONTESSORI OF CALABASAS

## REGISTRATION FORM

I would like to enroll my child at Montessori of Calabasas

STARTING DATE	
NAME OF STUDENT	
DATE OF BIRTH	

Please select the appropriate program:

FULL TIME	5 days	3 days	2 days
NAME OF STUDENT	5 days		

Parent's information:

NAME OF PARENT	
EMAIL ADDRESS	
DAYTIME PHONE	
EVENING PHONE	
DATE	
SIGNATURE	

REGISTRATION FEE OF US\$ 150.00 ENCLOSED

For rate information, please refer to the "fee schedule".

FOR OFFICE USE