

# Creekside Montessori Registration Form

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex (M/F): \_\_\_\_\_ Age: \_\_\_\_\_

Mothers Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_

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

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Fathers Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_

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

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 \_\_\_\_\_ / Check # \_\_\_\_\_ Tuition Rate \_\_\_\_\_

Wait-list/Added \_\_\_\_\_ Admission Date \_\_\_\_\_

Potty Trained