

MONTESSORI. PRESCHOOL
4024 Wade St. Los Angeles, CA 90066

Application for Registration

Name of Student: _____

Date of Birth: _____

Name of Mother: _____

Name of Father: _____

Home Address: _____

Home Phone number: _____

Mother's cell phone: _____

Mother's Email: _____

Father's cell phone : _____

Father's Email: _____

Proposed starting date: _____

I / We the parents / guardians of _____

hereby register him/ her to be enrolled at Montessori Preschool

in the year 20____. I / We understand that the \$50.00 reservation

fee is non refundable and will apply towards registration fee at time of

enrollment.

Signature of parents: _____ Date: _____

_____ Date: _____

Please complete the form and return with the payment.