

Montessori Children' House of Lawrence, Inc.
ENROLLMENT FORM

Child' full name _____ To be called _____

Address _____ Zip _____

Home telephone _____ E Mail address _____

Child' birthdate _____ Sex _____

Names of siblings:

_____ Age _____

_____ Age _____

_____ Age _____

Any helpful developmental information _____

Has child attended preschool before? _____

Where? _____

Mother's name _____

Employer _____

Business Phone _____

Cell Phone _____

Father' name _____

Employer _____

Business phone _____ Cell Phone _____

I desire to enroll my child in (check one):

_____ AM (8:30-11:30 a.m.)

_____ Full day (8:30 a.m.-3:30 p.m.)

To place your child' name on our waiting list, please return completed enrollment form to:

Montessori Children's House of Lawrence
1900 University Drive
Lawrence, KS 66044.

There will be a one-time non-refundable application fee of \$100.00 which holds your child's spot on the waitlist.