

Jack in the Box Montessori School

Registration Form

Full name of child:.....

Address:.....

.....

Date of birth:..... **Male/Female:**.....

Full names of parents:.....

.....

Siblings/age:.....

.....

Telephone numbers:

Home:.....

Mobile:.....

Work:.....

Email:.....

Proposed number of sessions: 5 mornings, 3 mornings, 2 mornings
2 afternoons, 3 afternoons, 4 afternoons

Preferred start date:

Sept 2008....Jan 2009....April 2009....Sept 2009....Jan 2010....April 2010....Sept 2010

Signed.....

Date.....