



**Montessori Mes Petits Academy
Care & Education**

Registration Application

Child's Name: _____ Boy: Girl:
(First) (Last) (Also Known As)

Date of Birth: _____ Preferred Starting Date: _____ Age at Starting Date: _____
Month / Day / Year (Month / Year) (Years / Months)

Lower Classroom: 3 - 4 Years of Age Upper Classroom: 4 - 5 Years of Age

Mother's Name: _____ Father's Name: _____

Place of Employment: _____ Place of Employment: _____

Work Phone: _____ Work Phone: _____

Cell: _____ Cell: _____

Email: _____ Email: _____

Address: _____
(#, Street, City, Postal Code)

Email: _____
Preferred email for communication between you and the center:

As the date of these application, is your child toilet-trained? Yes No

Has your child any allergies? Yes No If yes which type of allergy? _____

Is there any legal issue regarding the custody of the child: Yes No

If yes, who is responsible for the custody of the child? _____

Has your child had previous childcare experience? Yes No

If yes, for how long and where? _____

How did you hear about Montessori Mes Petits? Friends, Internet, etc. _____

Language/s spoken at home: _____

