



The Beginning Montessori Children's House
 7475 Fallbrook Avenue, West Hills, Ca 91307
 TEL: 818-992-5341 Fax: 818-992-5353

STUDENT ENROLLMENT APPLICATION

CHILD'S NAME:
 First Last

CHILD'S DATE OF BIRTH:

MAILING ADDRESS:

HOME TELEPHONE:

FATHER'S NAME:

PLACE OF EMPLOYMENT:

CELL/BUSINESS TELEPHONE:

MOTHER'S NAME:

PLACE OF EMPLOYMENT:

CELL/BUSINESS TELEPHONE:

DRIVER'S LICENSE:
 Father/Mother

SSN:
 Father/Mother

ENROLLMENT (Circle one of the four options)

Full Day (9am - 2:30pm)

Half Day (9am - noon)

5 days
 3 days

5 days
 3 days

I have read the Center's guidelines and I understand and agree to the policies and procedures as written.

.....
 Name of Parent/Guardian

.....
 Date

.....
 Signature of Parent/Guardian