



REGISTRATION FORM

Child's Name _____
Last First Middle

Date of Birth _____ Age at enrollment _____ yrs
Month Day Year

Full Day _____ Half Day _____ female male

Home Address _____ Phone _____

City _____ State _____ Zip _____

Mailing Address _____
(if different from above)

Primary E-mail Address _____

Father's Name _____ Business Phone _____
(or guardian) First Last

Father Employed by _____ Occupation _____
(or guardian)

Father's E-mail address _____ Cell _____

Mother's Name _____ Business Phone _____
First Last

Mother Employed by _____ Occupation _____
(or guardian)

Mother's E-mail address _____ Cell _____

Rolling Hills Montessori school does not discriminate on the basis of race, color, religion, national and ethnic origin in its administration of its educational and admission policies.

Signature of Parent (or guardian)

Date of Application