

La Habra Montessori Preschool

SCHOOL TOURS – FOR POTENTIAL PARENTS

Name of the Parent:	
Address:	
Telephone number:	Driver's License #
Child's Name:	Age:
Child's Name:	Age:
Does the child attend or did attend a preschool/daycare YES NO	
If Yes , names of the preschool/ Daycare:	
Reason/s to leave:	
When are you planning to enroll your child in the new preschool:	
How did you hear about our school:	
Tell us about your child in few words:	

Official use only: Date of the visit

Enrolment Package given: YES NO

Observations: