

La Habra Montessori Preschool 230, S. Idaho St, La Habra CA 90631.

REGISTRATION FORM

STUDENT INFORMATION					
Last		First Name		Middle	
Date of Birth		Sex (M/F)		Age	
Name of child's previous school					
Reason for leaving					
PARENT INFORMATION					
Full Name			Relationship		
Home Address			e-mail		
Employer Name & Address					
Occupation		Social Security #			
Tel (Home)		Tel (Work)		Tel (Cell)	
PARENT INFORMATION					
Full Name			Relationship		
Home Address			e-mail		
Employer Name & Address					
Occupation		Social Security #			
Tel (Home)		Tel (Work)		Tel (Cell)	
PROGRAM DETAILS					
5 Full Days <input type="checkbox"/>	3 Full Days M.T.W. <input type="checkbox"/> W. Th. F <input type="checkbox"/>		2 Full Days M.T. <input type="checkbox"/> Th. F <input type="checkbox"/>		
Admission Date					
How did you find us					

OFFICE USE ONLY

Admission Agreement (LIC102)		Registration Fee	
Registration Form (LIC100)		Monthly Tuition	
Identification and Emergency Information (LIC700)		Security Deposit	
Personal Rights(613A)		Material Fee	
Emergency Medical Treatment (LIC627)		Other	
Physician's Report (LIC701)			
Pre Admission Health History (LIC702)			
Notification of Parent's Rights (LIC995)		TOTAL	