



Lake Forest Montessori School
 25435 Trabuco Road, Lake Forest, CA 92630
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INFANT
Enrollment Form

Child's Name _____ D.O.B. ____ / ____ / ____

Mother's Name _____ Home # (____) _____
 Work # (____) _____
 Cell # (____) _____
 Email: _____

Address _____ City _____ Zip _____

Father's Name _____ Home # (____) _____
 Work # (____) _____
 Cell # (____) _____
 Email: _____

Address _____ City _____ Zip _____

Program: # of days attending _____ Exact days attending: **Mon Tues Wed Thurs Fri**

Please check one: Half day..... (8:30 – 12:30) _____
 Academic day..... (8:30 – 3:00) _____
 Academic day w/ AM daycare..... (7:00 – 3:00) _____
 Academic day w/ PM daycare..... (8:30 – 6:00) _____
 Academic day w/ AM/PM daycare..... (7:00 – 6:00) _____

Room: _____ Starting date: _____

(Parent Signature) _____
(Date)

For Office Use Only:

Material Fee Paid: Yes ___ No ___ Amt: \$ _____ Check # _____ Cash ___ CC ___
 Registration Fee Paid: Yes ___ No ___ Amt: \$ _____ Check # _____ Cash ___ CC ___
 Re-Registration Fee Paid: Yes ___ No ___ Amt: \$ _____ Check # _____ Cash ___ CC ___
 Deposit: _____ Total Amount Paid \$ _____ Date: _____