



**Lake Forest Montessori School**  
 25435 Trabuco Road, Lake Forest, CA 92630  
 TEL: (949) 951-2862 \* FAX: (949) 951-3178  
 www.LakeForestMontessori.com \* EMAIL: LFMSCa@aol.com

**KINDERGARTEN/ELEMENTARY  
 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)**

<b>For Office Use Only:</b>			
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: _____	