



**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

**TODDLER SCHOOL**  
**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: \_\_\_\_\_