

PRE-ENROLLMENT FORM

2019 - 2020

CHILD'S SURNAME :

Child's first name :

Date of birth :

Nationality :

Has your child already been to school ?

(If yes, write the name of the establishment attended).

SURNAME OF THE PARENT :

First name of the parent :

Profession :

Work telephone :

Mobile telephone :

Postal address :

Email address :

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INFORMATION :

How did you know the school ? :

In which school do you want to enroll your child (precise the address) ? :

Do you want to enroll your child part time or full time ? :

Please print out this form and send it back to us, along with the documents indicated below, to the following address :

« at Montessori », 24 rue de Babylone 75007 Paris

- One identity photo.
- Photocopy of an identity card or passport.
- Photocopy of the vaccination pages of your child's health record.
- A cheque of € 40 payable to « **at Montessori** » for administration fee (*this cheque will not be deducted from the school fees and cannot be refunded*).

+33 (0)1 45 48 43 97
CONTACT@AT-MONTESSORI.COM
WWW.AT-MONTESSORI.COM


- SIÈGE SOCIAL -
24 RUE DE BABYLONE
75007 PARIS