



# CB MONTESSORI REGISTRATION

(Please print clearly)

Child's Name: \_\_\_\_\_

First

Last

Sex: ( ) Male ( ) Female

Birth Date : \_\_\_\_\_

Address : \_\_\_\_\_

Mother's Name (first/last) \_\_\_\_\_

Address if residence is different from Child's \_\_\_\_\_

Occupation: \_\_\_\_\_ Company's Name: \_\_\_\_\_

Mother's Cell#: \_\_\_\_\_ Mother's Email : \_\_\_\_\_

Father's Name (first/last) \_\_\_\_\_

Address if residence is different from Child's \_\_\_\_\_

Occupation: \_\_\_\_\_ Company's Name: \_\_\_\_\_

Father's Cell#: \_\_\_\_\_ Father's Email: \_\_\_\_\_

Please select a program option. School year ____/____		
5 Full Days : M, T, W, Th, F	8:45 a.m.- 4:00 p.m.	[ ]
3 Full Days :	8:45 a.m. - 4:00 p.m.	[ ]
5 Half Days : M, T, W, Th, F	8:45 a.m - 1:00 pm	[ ]
3 Half Days:	8:45 a.m - 1:00 pm	[ ]

**A \$75 non-refundable Registration Fee is due at time of registration**

***Make checks payable to CB Montessori LLC***

**Registration will not be accepted unless the registration fee and all documents are included**

OFFICE USE ONLY :

Registration Fee Paid on : Date \_\_\_\_\_ Amount \_\_\_\_\_

Cash \_\_\_\_\_ Check \_\_\_\_\_ Remarks \_\_\_\_\_