



Lancaster Montessori Preschool

933 W Newgrove St, Lancaster, CA 93534

thelancastermontessori@gmail.com

Admission/Registration Form

*Please print legibly/clearly in black or blue ink.

Child's Name (First, Middle, Last): _____

Date of Birth (MM/DD/YYYY): _____ Gender: Male ☐ | Female ☐ | Prefer not to say. ☐

Child's Address: _____

Mother's Full Name: _____ Home Phone Number: _____

Email Address: _____ Cell Phone Number: _____

Occupation: _____ Workplace: _____

Work Phone Number: _____ Driver's License/ID # _____

Father's Full Name: _____ Home Phone Number: _____

Email Address: _____ Cell Phone Number: _____

Occupation: _____ Workplace: _____

Work Phone Number: _____ Driver's License/ID # _____

Will Child attend school full-time or part-time? If part-time, how many days a week? _____

List any health concerns/symptoms to be observed, allergies, injuries, illness that the staff should be aware of:

Pictures/Photographs/ Video release granted to Lancaster Montessori Preschool for the purpose of general school use, newsletters, advertisements, and such. ____ (Mother's Initial) ____ (Father's Initial) ____ (Guardian's Initial).

Parent/Guardian's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

Director's Signature: _____ Date: _____