MONTESSORI HOUSE BELGIUM (a.s.b.l.)
117 Rue Pergère, 1420 Braine-L'Alleud
Telephone & Fax : 02/385 15 03
Email : info@montessorihouse.net

Registration Form

I / We _____ would like to register my child

Child`s Name _____

Date of Birth _____

In the following programme for the Academic Year 2005-2006.

☐ NURSERY 1 A 3 Mornings

☐ NURSERY 1 B 5 Mornings

☐ NURSERY 2 5 Mornings & 2 Afternoon

☐ NURSERY 3 5 Mornings & 4 Afternoons

☐ PRIMARY 5 Mornings & 4 Afternoons

☐ ELEMENTARY 5 Mornings & 4 Afternoons

(Please tick appropriate box)

I am transferring / enclosing a cheque for Euros 500 as a non-refundable enrolment fee.

INVOICING ADDRESS :

SIGNATURE :

DATE :