

*Fallbrook Montessori School  
203 Laurine Lane  
Fallbrook, CA 92028  
(760) 728-4754*

**2007-2008**

## ***New Student Enrollment Application***

Name of Child \_\_\_\_\_ Nickname \_\_\_\_\_  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age on September 1, 2007 \_\_\_\_\_ years \_\_\_\_\_ months  
Sex \_\_\_\_\_ Home Telephone \_\_\_\_\_

### **Names of Parents or Guardians**

Mother \_\_\_\_\_ Father \_\_\_\_\_

### **Program Desired:**

- Children's House Half Day**       **Children's House Full Day**  
 **Elementary (Grades 1-6)**

Name of person responsible for payment \_\_\_\_\_

Billing address \_\_\_\_\_ Telephone \_\_\_\_\_

*Please return completed enrollment application  
and the \$150 enrollment fee to the school.*

Signature of person enrolling child \_\_\_\_\_ Date \_\_\_\_\_

Relationship to child \_\_\_\_\_