

Fallbrook Montessori School

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

New Student Enrollment Application

Name of Child _____ Nickname _____

Address _____ Zipcode _____

Date of Birth _____ Age on September 1 ____ years ____ months

Sex _____ Home telephone _____

Names of Parents or Guardians

Mother _____ Father _____

Program Desired:

- Children's House Half Day (8:30 to 12:30)
- Children's House Full Day (8:30 to 3:15)
- Elementary (Grades 1-6; 8:30 to 3:15)

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 _____

Relationship to child _____ Date _____