



195, Av. De Tervuren 1150 Brussels | Tel. : 02/733.63.55  
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## Registration Form

I / We \_\_\_\_\_ would like to register my/our child

\_\_\_\_\_ (child's name)

\_\_\_\_\_ (date of birth)

in the following programme for the Academic Year 2010-2011.  
(Please tick appropriate box)

- NURSERY 1                      5 Mornings
- NURSERY 2                      5 Mornings & 2 Afternoons
- NURSERY 3                      5 Mornings & 4 Afternoons
- PRIMARY                        5 Mornings & 4 Afternoons

(Please tick appropriate box )

**Δ I am transferring Euro 500 as registration fee to reserve a place for my child.**

**Δ I have transferred Euro 500 as registration fee to reserve a place for my child.**

**INVOICING ADDRESS:**

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**SIGNATURE:**

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**DATE:**

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**Montessori House Brussels SPRL**

**Numero d'Entreprise : 883 106 014 RPM Bruxelles**

**Fortis Bank : 124 Avenue de Tervuren 1150 Brussels**

**Account No. : 001-4984817-63 / IBAN : BE 40 0014 9848 1763 / BIC : GEBABEBB**

<http://www.montessoribrussels.org>