



Registration Form

I / We _____ would like to register my/our child:

Child's name _____

Name used daily (if different) _____

Date and place of birth _____

Nationality _____

Academic year _____

Please attach
a recent photograph
of your
child here.

Please tick appropriate box:

- | | | |
|--|-----------|---------------------------|
| <input type="checkbox"/> 2 ½ - 3 years | NURSERY 1 | 5 Mornings |
| <input type="checkbox"/> 3 – 3 ½ years | NURSERY 2 | 5 Mornings & 2 Afternoons |
| <input type="checkbox"/> 3 ½ - 4 years | NURSERY 3 | 5 Mornings & 4 Afternoons |
| <input type="checkbox"/> 4 - 6 years | PRIMARY | 5 Mornings & 4 Afternoons |

Parents' details

Father's name: _____ Mother's name: _____

Profession: _____ Profession: _____

Business address: _____ Business address: _____

Telephone: _____ Telephone: _____

Email father: _____

Email mother: _____

Home address: _____

Home telephone: _____

Emergency contacts

Name: _____

Telephone: _____

Agreement and confirmation

Tuition fee to be paid by (if 'other' please specify) _____

- We understand that this registration form cannot be processed unless all the relevant information and documents have been provided to the school,
- We confirm that all information submitted is true and accurate, and that all required documents are provided,
- We understand that providing false information, or non-disclosure of relevant information may result in denial of admission or student withdrawal from Montessori House Brussels,
- We respect Montessori House Brussels' final enrolment decision and understand that the school will not provide feedback of this decision,
- If accepted, we agree to adhere to the rules and policies of Montessori House Brussels and to comply with payment schedules as determined by the school administration.

I agree with the Conditions of Enrolment ((see web site) by signing this Registration Form.

Δ I have transferred Euro 500 as enrolment fee to reserve a place for my child.
Please bear in mind that after your child's birthday the fees will be adjusted accordingly.

Invoicing address:

Date:

Signature of parent/guardian:

Montessori House Brussels ASBL

Numero d'Entreprise : BE 0556.927.775

Account No. : 001-7318567-90 / IBAN : BE 34 0017 3185 6790 / BIC : GEBABEBB

<http://www.montessoribrussels.org>