

# KENTSTOWN MONTESSORI SCHOOL

## BOOKING FORM

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PARENT'S NAMES: MOTHER \_\_\_\_\_

PHONE: \_\_\_\_\_

FATHER \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS : \_\_\_\_\_ ( use for correspondence )

\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_  
(please print as this is used for correspondence )

**NB\*\***

I wish to make a booking for my child into Kentstown Montessori School for the following dates & days:- (if booking ONE YEAR ONLY then please only fill in ONE box)

<b>Year One = From</b> ___/___/___ <b>to</b> ___/___/___									
Montessori Morning***	<input type="checkbox"/>	Montessori Afternoon***	<input type="checkbox"/>						
Monday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Friday	<input type="checkbox"/>

<b>Year Two = From</b> ___/___/___ <b>to</b> ___/___/___									
Montessori Morning***	<input type="checkbox"/>	Montessori Afternoon***	<input type="checkbox"/>						
Monday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Friday	<input type="checkbox"/>

I ENCLOSE MY REGISTRATION FEE OF 50.00 WHICH IS A BOOKING FEE & IS NON-REFUNDABLE (Please see General Information, Policies and Rules Sheet)

SIGNED: \_\_\_\_\_  
(Parents)

Date: \_\_\_\_\_

**NB = Your place is not guaranteed until you receive your confirmation letter**

**\*\*\* Each New School Year = A waiting list is compiled for vacant places for both sessions.**