

DeLor Montessori School

Application Form

Child's Name _____ Birthdate _____

Parent's Name _____

Address _____

City _____ Zip Code _____

Phone # (Home) (_____) _____

Work # Father (_____) _____ Cell Phone (_____) _____

Work # Mother (_____) _____ Cell Phone (_____) _____

Father email Address _____

Mother email Address _____

Date of expected enrollment _____ Class _____