

This is to be completed by the director.

Date Received: \_\_\_/\_\_\_/\_\_\_

**Auburn Montessori School-  
The Children's House**

231 East Drake Ave.  
Auburn, AL 36830  
amstchori@gmail.com  
(334) 740-6192

**Registration Form**

A non-refundable registration fee of \$50.00 is required upon submission of this registration form. Your child will be placed on a waiting list in the order of the dates the forms are received.

**Expected Date For Enrollment:** \_\_\_ / \_\_\_  
Month Year

Child's Full Name: \_\_\_\_\_  
Last Name First Name Middle Name

Child's Preferred Name: \_\_\_\_\_

Gender: \_\_\_ \_\_\_  
Male Female

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Current Age: \_\_\_\_\_  
Month Day Year

Home Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Parents or Guardian Information:**

Mother's / Guardian's Full Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Address: \_\_\_\_\_

If Different from Child's Address

City \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mother's/ Guardian's Employer: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Mobile Phone (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Father's / Guardian's Full Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Address: \_\_\_\_\_

If Different from Child's Address

City \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Father's / Guardian's Employer: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Mobile Phone (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_