



Montessori Country Day School
5117 LaBranch
Houston, TX 77004

REGISTRATION FORM

ph: 713-520-0738
fax: 713-524-0569
montessorihouston.com

The information collected on this form is necessary for accounting and record keeping purposes. This form will be kept completely confidential and will be stored and used in the administration office only. **Completing and submitting this form to the administrative office with the \$100 registration fee will put your child on our school's wait-list for up to twelve (12) months.**

When a space becomes available, you will have one week to submit the deposit of 1/2 month's tuition. This guarantees your child's space at MCDS.

Date of Application: _____ Your child will be added to the wait-list according to the date the **registration fee** was received.

Child's Name: _____ DOB: _____ Start Date: _____ Classroom: _____

Previous school attended: _____ How did you hear of our school? _____

Mother's Name: _____ Home phone: _____ Cell phone: _____

Home Address: _____ City: _____ State, Zip: _____

Workplace: _____ Work phone: _____ Work fax: _____

Work Address: _____ City: _____ State, Zip: _____

Mother's Social Security Number: _____ Mother's email address: _____

Father's Name: _____ Home phone: _____ Cell phone: _____

Home Address: _____ City: _____ State, Zip: _____

Workplace: _____ Work phone: _____ Work fax: _____

Work Address: _____ City: _____ State, Zip: _____

Father's Social Security Number: _____ Father's email address: _____

Fees Paid:	Registration fee	<u>\$100.00</u>	ck#: _____	date paid: _____	(Wait-list start date)
	Deposit	_____	ck#: _____	date paid: _____	(1/2 of one months tuition)
	Tuition	_____	ck#: _____	date paid: _____	(monthly, due the 25th)
	Supply fee	_____	ck#: _____	date paid: _____	(due Sept. 1, Jan. 1 & May 1)
	Pool fee (per family)	<u>\$75.00</u>	ck#: _____	date paid: _____	(yearly, due May 1)