



North Richland Hills Montessori

Discovering the Gems Within

8725 N. Tarrant Parkway North Richland Hills, TX 76182 ■ Tel: 817-281-9992 ■ Fax: 972-281-0989 ■ www.nrhmontessori.com ■ Email: info@nrhmontessori.com

REGISTRATION FORM

Child's Full Name: _____ Date of Birth: ____/____/____

Nickname: _____ Gender: _____ Current Age: ____ years ____ months

Address: _____ City: _____ State: ____ Zip code: _____

Parent/Guardian: _____ Relation to Child: _____

Email: _____ Cell Phone: _____ Work Phone: _____

Address: _____ City: _____ State: ____ Zip code: _____

Parent/Guardian: _____ Relation to Child: _____

Email: _____ Cell Phone: _____ Work Phone: _____

Address: _____ City: _____ State: ____ Zip code: _____

Proposed Start Date: ____/____/____

Infant/Mobil Infant: <input type="checkbox"/> 5 Full Days 7:00 am– 6:00 pm <input type="checkbox"/> 3 Days <input type="checkbox"/> 4 Days <input type="checkbox"/> 5 Days	Preprimary: 18 months – 3 years <input type="checkbox"/> Full Days 8:45 – 3:00 <input type="checkbox"/> Half Days 8:45 – 12:00 <input type="checkbox"/> 3 Days <input type="checkbox"/> Monday <input type="checkbox"/> 4 Days <input type="checkbox"/> Tuesday <input type="checkbox"/> 5 Days <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> AM Care 7:00-8:00 am <input type="checkbox"/> PM Care 3:00-6:00 pm	Primary: 3 years – 6 years <input type="checkbox"/> Full Days 8:45 – 3:00 <input type="checkbox"/> Half Days 8:45 – 12:00 <input type="checkbox"/> 3 Days <input type="checkbox"/> Monday <input type="checkbox"/> 4 Days <input type="checkbox"/> Tuesday <input type="checkbox"/> 5 Days <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> AM Care 7:00-8:00 am <input type="checkbox"/> PM Care 3:00-6:00 pm
--	--	---

Does your child have any allergies? Write "none" or explain: _____

Does your child have any medical conditions? Write "none" or explain: _____

I understand that my submission of this application does not guarantee my child's acceptance into the program. All information submitted on this form is true to the best of my knowledge. No information has been knowingly omitted.

Parent/Guardian Signature

Parent/Guardian Name Printed

Date