



Montessori  
Country Day School  
5117 LaBranch  
Houston, TX 77004

## Montessori Country Day School 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.  
The deposit 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? \_\_\_\_\_

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

**Mother / Father (circle one)**

Name: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State, Zip: \_\_\_\_\_

Workplace: \_\_\_\_\_ Work phone: \_\_\_\_\_ Work fax: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State, Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email address: \_\_\_\_\_

**Mother / Father (circle one)**

Name: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State, Zip: \_\_\_\_\_

Workplace: \_\_\_\_\_ Work phone: \_\_\_\_\_ Work fax: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State, Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email address: \_\_\_\_\_

<b>Fees Paid:</b>	Registration fee	\$100.00	ck#: _____	date paid: _____	(Wait-list start date)
	Deposit	_____	ck#: _____	date paid: _____	(1/2 of one month's 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)	\$100.00	ck#: _____	date paid: _____	(yearly, due May 1)