

The University of Children LLC
Montessori School
1518 Centinela Ave. Inglewood, Ca. 90302
(310) 677-4406

Enrollment Application

E-mail: Richard@InglewoodMontessori.org
Web: InglewoodMontessori.org
FaceBook: [The University of Children Montessori School](#)

Child's Name _____ Birth Date _____

Mother's Name _____ Address _____

_____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____ Driver License # _____ Occupation _____

Employer & Address _____

Father's Name _____ Address _____

_____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____ Driver License # _____ Occupation _____

Employer & Address _____

Program Desired: () Infant () Preschool Toddler () Preschool () Elementary

Start Date: _____ **Hours Needed:** _____ am/pm **Until** _____ am/pm

How did you hear about us? _____

School or Home Care your child previously attended _____

I am enclosing my \$100 Registration Fee to reserve a space for my child. Should my child be accepted, I understand that this fee is only refundable if I terminate the enrollment within 72 hours after submission of this application.

Signature _____ **Date** _____

There is no tuition reduction or credit given for the days the school is closed, or when your child is absent from school for any reason.