



CLEAR LAKE MONTESSORI SCHOOL

Respect Yourself, Respect Others, Respect Your Environment

REGISTRATION

Today's Date: _____

Start Date: _____

Student Information

Child's Name : _____ Date of Birth : _____ Male /

Female

Allergies : _____ Dietary Restrictions: _____

Medication: _____ Special Needs: _____

Registration Fee:\$175 nonrefundable -Zelle payment using
email(info@clearlakemontessori.com) or check payment

Select that apply for your child's program:

- Full Time : 5 days (7:00- 6:00 pm)
- Full Time : 3 days (7:00- 6 :00 pm) Fixed days
- School Time : 5 days (8:15 am- 3:00 pm)
- School Time : 3 days (8:15-3:00 pm) Fixed days
- Half Day : 5 days (8:15-11:00 am)

Parent/ Guardian Information:

Father's Name: _____ SS # _____

Home address: _____ Tel Number: _____

Employment: _____

Email address: _____

Work address: _____ Work Number: _____

Mother's Name: _____ SS # _____

Home address: _____ Tel Number: _____

Employment: _____

Email address: _____

Work address: _____ Work Number: _____

Emergency Contact: _____ Address: _____

Tel # _____