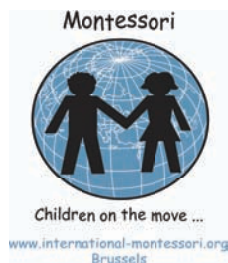


# International Montessori School "SAVOORKE"



**Bergestraat 24, 3080 Tervuren**

## APPLICATION FOR ADMISSION

### TODDLER COMMUNITY: WALKING AGE TO 3 YEARS OLD

For school year 20\_\_\_/ 20\_\_\_

#### **Part 1:**

**Name of the Child:** .....

last

first

middle

Date of birth: .....

Place of birth: .....

Nationality: .....

Sex: Male or Female

PHOTO

Religion: .....

Native Language: .....

Second language (s): .....

[montessori-tervuren@online.be](mailto:montessori-tervuren@online.be)  
[www.international-montessori.org](http://www.international-montessori.org)

**FAMILY:**

Father's full name: \_\_\_\_\_ Mobile ph. no: \_\_\_\_\_

Work ph. no: \_\_\_\_\_

Mother's full name: \_\_\_\_\_ Mobile ph. no: \_\_\_\_\_

Work ph. no: \_\_\_\_\_

Address: \_\_\_\_\_

Home ph. no: \_\_\_\_\_ E-mail: \_\_\_\_\_

**CHOICE OF PROGRAM:**

Option A: 5 mornings only (limited places) ( )

Option B: 2 full days being Monday and Tuesday + 3 mornings ( )

2 full days being Thursday and Friday + 3 mornings ( )

Option C: 3 full days being Monday and Tuesday + 2 mornings ( )

Option D: 4 full days and Wednesday mornings ( )

Option E: 5 full days ( )

Option E 1: 2 1/2 full days ( )

Option E 2: 3 full days ( )

Option E 3: 4 full days ( )

Please note:

- Children can increase program during the course of the school year. An additional Tuition Contract will be made accordingly.

**IN COMBINATION WITH:**

<b>F:</b>	After School Hour Programme 5 days per week: from 15.00 to 18.00	
<b>G:</b>	After School Hour Program: Regular afternoons from 15.00 to 18.00 hrs. Please indicate days of the week:	
<b>H:</b>	After school Hour Program: Irregular After School Hours from 15.00 hrs. onwards Per hour	
<b>I:</b>	Holiday Camps during specific holiday weeks: (From age 2 ½ onwards)	

**ADMINISTRATIVE INFORMATION**

The Tuition fees will be paid by: Employer YES / NO

Parents YES / NO

An invoice needs to be sent to the employer: YES / NO

Name and address of company:

.....  
.....

Please give the name of the person to whom to attend the invoice:

.....

Father's position: .....

Mother's position: .....

Please note:

- Please attach a copy of your child's passport and the Belgian identity card. In the event of you not having this identity card yet, please provide the school with a copy as soon as possible.

- The enrolment of a child is the agreement between the school and the parents regardless of the agreement parents may have with their employers concerning the payment of the Tuition Fees.

- This application will be processed as soon as the school has received the payment of the Application Fee. This Application Fee is non-refundable and paid only once.

Please tick:

- Enclosed is the amount of €450.
- I have made a bank draft of €450 to the KBC bank account number 434-5164481-11. For foreign transfers: Iban no: BE 304345 1644 81111 Swiftcode: KREDBEBB, Address bank: Markt 4, 3080 Tervuren  
Please attach a copy of the bank statement.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

## **PART 2:**

Siblings:      Name:                      Age:                      School currently attending:

.....

.....

.....

### **DEVELOPMENTAL HISTORY:**

History of Pregnancy: .....

.....

Infant History: .....

.....

Activity level and temperament:

.....

.....

Medical History:

.....

.....

### **DEVELOPMENTAL MILESTONES:**

Age at which your child was able to do the following:

Walk:.....

Speak sentences: .....

Eat independently:.....

Dress him/herself independently:.....

**CURRENT ABILITIES AND HEALTH:**

Current medication: .....

Allergies: .....

Activity level: .....

Sleep: .....

Eating: .....

Toilet learning activity level: .....

Interaction with others: .....

Is the child currently attending a Preschool or Day Care centre:  
.....

Does your child have developmental or learning disabilities:  
.....

**FAMILY HISTORY :**

How long have you lived in Belgium:  
.....

In which other country(ies) did the child live and for how long:  
.....  
.....

Health / Illnesses:  
.....

Other information:  
.....  
.....

SIGNATURE: ..... DATE: .....

