



# INTERNATIONAL MONTESSORI

## SCHOOLS AND CHILD DEVELOPMENT CENTRES



BERGESTRAAT 24, 3080 TERVUREN

### SUBSCRIPTION FORM

#### Parent - Infant Group

#### PART 1:

**Name of the Child:**

last

first

middle

Date of birth (dd/mm/yyyy): \_\_\_\_\_

Place of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Gender:

Male

Female

Native language(s): \_\_\_\_\_

#### **Family:**

Mother's name: \_\_\_\_\_

Father's name: \_\_\_\_\_

Home address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home phone nr: \_\_\_\_\_

Mobile phone nr: \_\_\_\_\_

Email address: \_\_\_\_\_

**Date classes enrolling for:** October 11 to December 13, 2018 (nine Thursday afternoons from 13:30 to 15:00) at International Montessori 'Savoorké', Bergestraat 24, 3080 Tervuren.

Please tick:

Enclosed is €162 Euro in cash.

I have made a bank transfer of €162 to the International Montessori School,  
Rotselaerlaan 1, 3080 Tervuren, KBC account number BE30 4345 1644 8111.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **PART 2:**

### **Pregnancy:**

History of pregnancy:

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Length of pregnancy: \_\_\_\_\_ weeks

Delivery and complications:

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### **Infant History:**

Feeding: \_\_\_\_\_

Sleeping: \_\_\_\_\_

Activity level and temperament:

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### **Medical History:**

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### **Developmental Milestones:**

Approximate age at which your child was able to do the following:

Smile: \_\_\_\_\_

Roll: \_\_\_\_\_

Sit with support or sit independently: \_\_\_\_\_

Crawl: \_\_\_\_\_

### **Siblings:**

Name:

Age:

School currently attending:

_____	_____	_____
_____	_____	_____
_____	_____	_____