



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: February 21 to May 9, 2018 (Nine Thursday afternoons from 13:30 to 15:00) at International Montessori 'Savoorké', Bergestraat 24, 3080 Tervuren.

Please tick:

Enclosed is €180 Euro in cash.

I have made a bank transfer of €180 to the International Montessori School,
Rotselaerlaan 1, 3080 Tervuren, KBC account number BE30 4345 1644 8111.

Signature: _____

Date: _____

PART 2:

Pregnancy:

History of pregnancy:

Length of pregnancy: _____ weeks

Delivery and complications:

Infant History:

Feeding: _____

Sleeping: _____

Activity level and temperament:

Medical History:

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:

_____	_____	_____
_____	_____	_____
_____	_____	_____