



INTERNATIONAL MONTESSORI SCHOOL  
'SAVOORKE', 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 26 to May 7 2021. Eight sessions held on a Thursday or Friday afternoon (split into small groups) from 13.30 to 15.00 at International Montessori 'Savoorké', Bergestraat 24, 3080 Tervuren.

Please tick:

Enclosed is €160 Euro in cash.

I have made a bank transfer of €160 to the International Montessori School,

Rotselaerlaan 1, 3080 Tervuren, KBC bank account IBAN nr: BE30 4345 1644 8111.

Signature:

Date:

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## **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:

Name:	Age:	School currently attending:
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