



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 17 to April 28, eight sessions held on Thursday afternoon 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:

____/____/20____

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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