



MARIA

International Montessori School

No.19, Walagamba Mawatha, Borupone, Ratmalana. Tel: 0115051903

Attach
Photo

REGISTRATION FORM

Childs's Full Name :

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Name child is called by :

Gender :

Date of Birth :/...../.....

Religion :

Home Address :

.....

Home Telephone No :

Details of Parents/Guardian

Fathers Name :

Occupation/Employer :/.....

Contact Number (Work/mobile) : /

Email address :

Mothers Name :

Occupation/Employer :/.....

Contact Number(Work/mobile) : /

Email address :

Guardian (If other than the parents) :

Health Information

Please list any specific medical Conditions or allergies

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Does your child have any special needs?

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Emergency Information

Name of persons to contact if parents cannot be reached,

(1) Contact Nos

(2)..... Contact Nos

Person(s) authorized to pick up child (if different from above contact names)

(1) Relationship :

(2)..... Relationship:

Other

Is he/she potty trained? If no, is he/she in pampers?

Has your child been in a Montessori School before? If yes, name of the school

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School admission year Local/International

If Local, Medium (English/Sinhala/Tamil)

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Date

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Signature of Parent