

Print this page, fill out the registration form, and return it to MABC with your registration check (\$125).

REGISTRATION FORM
MONTESORI ACADEMY OF BEAR CREEK
9300 West Dartmouth Place | Lakewood, Colorado 80227 | (303) 980-1040

Date: _____	Registration Fee Received \$ _____ Ch.# _____ (Registration Fee is NON-REFUNDABLE and does not apply towards tuition.)
Child's Name _____ Sex _____ Age _____ Birthdate _____	
Address _____ City _____ State _____ Zip _____	
Mother's Name _____ Father's Name _____	
Home Phone _____ Other (Mother) _____ (Father) _____	
Name of previous school and address _____	
Does your child have a Montessori background? <input type="checkbox"/> yes <input type="checkbox"/> no If so, number of years _____	
Please check the program you are registering for:	
<input type="checkbox"/> Morning Pre-School <input type="checkbox"/> All Day Pre-School <input type="checkbox"/> All Day Kindergarten	