



MONTESSORI HOUSE BRUSSELS

177, Av. De Tervuren 1150 Brussels | Tel. : 02/733.63.55
mvr@montessoribrussels.org

Registration Form

I / We _____ would like to register my/our child

Child's Name _____

Date of Birth _____

in the following programme for the Academic Year _____.

(Please tick appropriate box)

- | | | |
|----------------------------------------|-----------|---------------------------|
| <input type="checkbox"/> 2 ½ - 3 years | NURSERY 1 | 5 Mornings |
| <input type="checkbox"/> 3 – 3 ½ years | NURSERY 2 | 5 Mornings & 2 Afternoons |
| <input type="checkbox"/> 3 ½ - 4 years | NURSERY 3 | 5 Mornings & 4 Afternoons |
| <input type="checkbox"/> 4 - 6 years | PRIMARY | 5 Mornings & 4 Afternoons |

I agree with the Conditions of Enrolment by signing this Registration Form.

Δ I have transferred Euro 500 as enrolment fee to reserve a place for my child.

Please bear in mind that after your child's birthday the fees will be adjusted accordingly.

INVOICING ADDRESS

SIGNATURE

DATE

Montessori House Brussels ASBL

Numero d'Entreprise : BE 0556.927.775

Account No. : 001-7318567-90 / IBAN : BE 34 0017 3185 6790 / BIC : GEBABEBB

<http://www.montessoribrussels.org>