



Maria Montessori Academy

718 Palisade Avenue

Cliffside Park, NJ 07010

p. 201.941.6565

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SCHOOL YEAR REGISTRATION FORM

Date: _____ School Year Registering for: _____

Schedule: AM Half Day PM Half Day Full Day

Student: _____ Sex: Male Female

Last Name First Birth Date (month/day/year) Age

Parent 1:

Mr./Mrs./Ms. Last Name First

Street Address City State Zip Code

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Home Phone Email

Occupation

() -
Office Phone

() -

Cell Phone

() -
Fax

Parent 2:

Mr./Mrs./Ms. Last Name First

Street Address City State Zip Code

() -

Home Phone Email

Occupation

() -
Office Phone

() -

Cell Phone

() -
Fax

Sibling(s): Name _____ Grade _____ Birth Date _____

Signature of Parent or Guardian _____