

Taylor Lake Christian Montessori School

1730 Old Kirby Road. Seabrook, Texas 77586
281-474-2655

**Registration Agreement
2012-2013**

Child's Name: _____

Parent(s) Name: _____

Address: _____

Home Phone: _____ **Cell Phone:** _____

e-mail address: _____

How did you hear about us? _____

Program hours (all programs are 5 days a week, Monday-Friday)

___ **Half Day** **8:30 - 1:00** **\$400.00 monthly**

___ **Extended Day** **7:30 - 4:00** **\$700.00 monthly**

Registration is not complete without the **non-refundable \$150 registration fee**.
This fee secures your child's enrollment. Please make checks payable to Taylor
Lake Christian Montessori School or TLCMS.

Registration Fee of \$150.00 is due at this time

Office use only

Registration Fee paid \$ _____ cash _____ check# _____

TLCMS staff signature_ initial _____ Date _____