

How did you learn about **The learning Place**?

Why did you choose **The learning place** for your child?

Please enclose a N10,000 non refundable application fee

Upon acceptance of your child, a N150,000.00 non refundable enrollment and annual adventure fee becomes due

_____/_____/_____
Signature of parent or guardian Date

Office Use Only

ENT _____ APF _____ DA _____

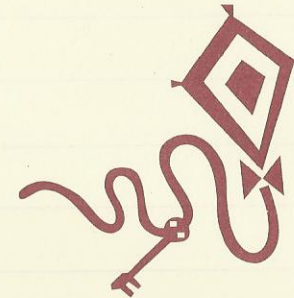
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The Learning Place (TLP)

Plot 8, Block 43, Rasheed Alaba Williams Street,
Lekki Phase 1, Lagos.

☎ : 01-2706224, 8797846, 08033856735

www.thelearningplaceng.com



Primary Montessori Application Form

Child's Name: _____

Address: _____

Home Phone: _____

Date of Birth: ____/____/____ / Sex _____ Male _____ Female

Desired date of Enrollment ____/____/____

Mother's Name: _____

Employer's Name: _____

Employer's Address: _____

Work Phone: _____

Mobile Phone: _____

Work Hours: _____

E-mail Address: _____

Father's Name: _____

Employer's Address: _____

Work Phone: _____

Mobile Phone: _____

Work Hour: _____

E-mail Address: _____

Marital Status: _____

Legal Guardian of Child: _____

People authorized to pick up your child: _____

Name and Ages of Siblings: _____

Is your child completely toilet trained? _____

Do you expect your child to nap here? _____

Has your child previously attended preschool? _____

Child doctor's name: _____

Address: _____

Telephone: _____

Email Address: _____

Any known allergies: _____

Big Events in your child's life: _____

Describe any social, emotional or physical needs your child may have:

What goals do you have for your child that you hope will be attained at

The learning Place? _____

