

# Visitor Form



<b><i>LiMai Montessori Academy</i></b>	<b>Child Name:</b>	Male Female
	<b>Date of birth:</b>	<b>Age:</b>
<b>Address:</b>		<b>Tel:</b>
<b>Mother's Name:</b>		<b>Cell phone:</b>
<b>Father's Name:</b>		<b>Cell phone:</b>
<b>List of Siblings</b>		

How did you hear about us?

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When are you expecting to enroll?

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Parents or legal guardians' signature: \_\_\_\_\_ Date \_\_\_\_\_