



ENROLLMENT APPLICATION FOR 2017 - 2018
(Please submit one for each child)

Please indicate Enrollment Class and Schedule Option for upcoming year:

Infant ___ Toddler ___ Primary ___
Through 18 months 18 months - 3 years 3-6 years (requires independent toileting skills)

Academic Year (Aug 22 - Jun 1) ___ OR Year Round Program (Aug 1 - Jul 31) ___

Child's Full Name ___ Nickname ___
Birth Date ___ Age as of 9/1/17 (yr. /mo) ___ Sex ___

Parent/Guardian Information:

1st Parent/Guardian Name (please include title) ___
Address ___ City ___ Zip ___ Home# ___
Cell # ___ Email Address ___
Employer ___ Work # ___
2nd Parent/Guardian Name (please include title) ___
Address ___ City ___ Zip ___ Home# ___
Cell # ___ Email Address ___
Employer ___ Work # ___

Financial Guarantor (if other than parent/guardian):

Name ___ Phone Number ___
Address ___ City ___ Zip ___

A \$150 application fee or a \$50 re-enrollment fee must accompany this application. It is non-refundable and is not applied to tuition. You may pay by credit card or debit card on our website: www.pawleysislandmontessori.org OR with a check payable to MSPI.

I hereby apply for the admission of _____ to The Montessori School of Pawleys Island for the 2017 - 2018 year and agree to abide by the rules and regulations thereof.

Please describe how you found out about us: _____

Siblings:

Name Birthdate School where enrolled

Name Birthdate School where enrolled

Name Birthdate School where enrolled

Medical History:

Child's physician: _____ Phone # _____

General condition of health: _____

List your child's allergies: _____

Does your child have asthma? _____ Yes _____ No

Has your child ever had a seizure? _____ Yes _____ No

Does your child take any medication on a regular basis? If so, please indicate medication _____

Does your child have any physical limitations or psychological conditions of which the school should be aware?
(Please be specific) _____

Has your child ever been referred to a specialist because of educational, development or behavioral concerns?
____ Yes _____ No

Has your child ever seen a specialist because of educational, development, or behavioral concerns?
____ Yes _____ No

If yes to either of the above questions, please explain: _____

MSPI SPIRIT WEAR T-SHIRT (included in enrollment) Please select your child's size:

12 Month _____ 18 Month _____ 2 T _____ 3 T _____ 4 T _____ 5 T _____ S (6-8) _____

I hereby certify that all of the above information pertaining to my child, _____ is accurate and complete to the best of my knowledge.

Signature of parent or guardian(s) _____ Date _____

_____ Date _____