



ENROLLMENT APPLICATION FOR 2018 - 2019

(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- May 31) _____ OR Year Round Program (Aug 1 - Jul 31) _____

Child's Full Name _____ Nickname _____

Birth Date _____ Age as of 9/1/18 (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 \$50 fee for returning students re-enrolling by 4/27/18 or a \$150 fee for new students or returning students re-enrolling after 4/27/18 must accompany this application. Fees are non-refundable and are not applied to tuition. You may pay by credit/ 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 2018 - 2019 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, developmental or behavioral concerns?
____ Yes ____ No

Has your child ever seen a specialist because of educational, developmental, 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 for the new school year.

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 _____