



Midlands Montessori School

140 Gibson Rd.Suite C Lexington, SC 29072
(803) 356-6434 midlandsmontessorischool@gmail.com

APPLICATION FOR ENROLLMENT

APPLICATION DATE: Month/Day / Year		SCHOOL START DATE: Month/Day / Year	
CHILD'S NAME		DISCHARGE DATE: Month/Day / Year	
First Name	M.I	Last Name	DOB: MM/DD/Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Address: Street No.		City	Postal Code
<input type="text"/>		<input type="text"/>	<input type="text"/>
Res. Phone		Cell Phone	
<input type="text"/>		<input type="text"/>	
Siblings: Name/Ages			
<input type="text"/>			

Application for: Programs		Afterschool	
Morning 8:30am to 11:30am <input type="checkbox"/>	Full Day program 8:30am to 2:30pm <input type="checkbox"/>	2:30pm to 5:30pm <input type="checkbox"/>	
School Year only <input type="checkbox"/>	Summer <input type="checkbox"/>	*Referred by:	
<input type="text"/>			

Previous schools attended:

PARENTS / GUARDIAN INFORMATION

Fathers Name	Occupation/Employer
<input type="text"/>	<input type="text"/>
Home Address	Work Address
<input type="text"/>	<input type="text"/>
E-mail	
<input type="text"/>	
Res Phone	Work/Cell Phone
<input type="text"/>	<input type="text"/>
Mother's Name	Occupation/Employer
<input type="text"/>	<input type="text"/>
Home Address	Work Address
<input type="text"/>	<input type="text"/>
Email	
<input type="text"/>	
Residence Phone	Work/Cell Phone
<input type="text"/>	<input type="text"/>

EMERGENCY CONTACT PERSON (Local Contact Different from Above)

Name	Relationship
Address	Res/Work/Cell Phone

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Name	Relationship
Address	Res/Work/Cell Phone

AUTHORIZED PICK UP PERSON (S)

Name	Phone
Name	Phone

IMPORTANT NOTE

1. Children will not be released to anyone not listed in the enrollment form unless advised by the parent
2. A registration fee of \$100.00 is required with this application. This fee is not refundable.
3. The monthly fee is due regardless of the days in a month, absenteeism due to illness or inclement weather, plus school and statutory holidays.
4. If for any reason it becomes necessary to withdraw your child, a minimum notice of one month is required.
5. Please ensure that you have read the Parent's handbook carefully and you agree to follow the policies.
6. Please fill out the enrollment and other enclosed forms carefully and return these as well as an updated immunization form to Midlands Montessori School.
7. MMS reserves the right to remove a child from our program for any reason.

Parent Signature	Date
All Personal Information provided to Midlands Montessori School will be treated in accordance with the terms of the school Privacy Policy. By affixing your signature above, you agree that you have read the Parent's handbook including the school privacy policy carefully and that you have agreed to all the school policies and procedures as described in the Parent's handbook.	