

# Elementary Enrollment Application



# Montessori

School of Mauldin  
Since 1977

**PROGRAMS** Please check the program desired:

Lower Elementary: Level 1 \_\_\_\_\_ Level 2 \_\_\_\_\_ Level 3 \_\_\_\_\_

Upper Elementary: Level 4 \_\_\_\_\_ Level 5 \_\_\_\_\_ Level 6 \_\_\_\_\_

**Child's Name** \_\_\_\_\_  
First Last

**Birth Date** \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
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Name child goes by \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Child lives with: \_\_\_ mom \_\_\_ dad \_\_\_ both parents \_\_\_ other

**Address:** \_\_\_\_\_  
Street City Zip Code

**Parent/Guardian Name** (mom/dad) \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**E-mail** (optional) \_\_\_\_\_

**Employer** \_\_\_\_\_ **Position** \_\_\_\_\_

**Parent/Guardian Name** (mom/dad) \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**E-mail** (optional) \_\_\_\_\_

**Employer** \_\_\_\_\_ **Position** \_\_\_\_\_

If parents are divorced, what are the custodial arrangements? \_\_\_\_\_

For Office Use Only	Date Received _____	Received by _____	
____ permission form	____ policies/handbook	____ DSS 2900	____ emergency info.

## BROTHERS & SISTERS

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ School now attending \_\_\_\_\_ Also applying to MSM? \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ School now attending \_\_\_\_\_ Also applying to MSM? \_\_\_\_\_

OTHER ADULTS in the household in which the child lives \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

OTHER ADULTS who provide care for the child \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

How often (daily/weekly/occasionally, etc) \_\_\_\_\_

Language(s) spoken in the home \_\_\_\_\_

## ACCIDENT INSURANCE

Accident insurance is required for enrollment.

\_\_\_\_\_ YES! I need the insurance being offered by Montessori School of Mauldin and have attached a check.

\_\_\_\_\_ I request exemption from the above coverage. My child's activities are already covered under the following policy:

\_\_\_\_\_ Name of Group & Address

\_\_\_\_\_ Policy Number

## GENERAL HEALTH

Please check all that apply and are pertinent for your child

\_\_\_\_\_ Allergies Please note: \_\_\_\_\_

\_\_\_\_\_ Medication Please list: \_\_\_\_\_

\_\_\_\_\_ Surgeries Please list: \_\_\_\_\_

\_\_\_\_\_ Asthma \_\_\_\_\_ Hearing Problems \_\_\_\_\_ Headaches \_\_\_\_\_ Colicky as a baby

\_\_\_\_\_ Seizures \_\_\_\_\_ Convulsions \_\_\_\_\_ Vision problems \_\_\_\_\_ Stomach aches

\_\_\_\_\_ Speech problems \_\_\_\_\_ Motor development problems \_\_\_\_\_ Accident where unconscious

## DEVELOPMENT

How would you describe your child's eating habits? \_\_\_\_\_ well-balanced or \_\_\_\_\_ needs improvement

Use of hand: \_\_\_\_\_ Uses right hand or \_\_\_\_\_ Uses left hand

Sleeping Habits: \_\_\_\_\_ average number of hours/night \_\_\_\_\_ average bedtime  
\_\_\_\_\_ difficulty going to sleep? \_\_\_\_\_ average wake-up time

How does your child appear in his/her movements? \_\_\_\_\_ coordinated or \_\_\_\_\_ un-coordinated

Please check all of the following that describe your child *most* of the time:

\_\_\_\_\_ happy \_\_\_\_\_ introverted \_\_\_\_\_ extroverted \_\_\_\_\_ creative \_\_\_\_\_ adventurous

\_\_\_\_\_ dramatic \_\_\_\_\_ young for age \_\_\_\_\_ active \_\_\_\_\_ empathetic \_\_\_\_\_ patient

\_\_\_\_\_ daydreams \_\_\_\_\_ cooperative \_\_\_\_\_ moody \_\_\_\_\_ confident \_\_\_\_\_ prefers leading

\_\_\_\_\_ cautious \_\_\_\_\_ cries easily \_\_\_\_\_ affectionate \_\_\_\_\_ persevering \_\_\_\_\_ prefers following

\_\_\_\_\_ shy \_\_\_\_\_ sensitive \_\_\_\_\_ spirited \_\_\_\_\_ strong willed

Please describe your child's personality or temperament: \_\_\_\_\_

\_\_\_\_\_

Educational or psychological evaluations that have been completed: \_\_\_\_\_

(Please request that copies be sent to Montessori School of Mauldin)

**SCHOOL HISTORY**

Schools Attended (begin with most recent)	Location	Dates Attended
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How did you first hear about Montessori School of Mauldin? \_\_\_\_\_

Which other schools are you considering? \_\_\_\_\_

**BACKGROUND INFORMATION**

**How much time does your child spend with other children outside of school?** \_\_\_\_\_

**Is your child involved in any activities outside of school? Which Ones?** \_\_\_\_\_

**How does your child handle frustration?** \_\_\_\_\_

**What approach to discipline do you use?** \_\_\_\_\_

**Please list any discipline problems you may be experiencing at this time.** \_\_\_\_\_

**How are you handling the problem?** \_\_\_\_\_

**How many hours does your child spend watching television?** \_\_\_\_\_ a day \_\_\_\_\_ a week

**Playing video games?** \_\_\_\_\_ a day \_\_\_\_\_ a week

**On the Computer?** \_\_\_\_\_ a day \_\_\_\_\_ a week

**What are your educational goals for your child?**

**How do you see the Montessori School of Mauldin facilitating these goals?**

**What role do you expect to play in facilitating these goals?**

**Are you familiar with the Montessori Method?**

**Do you have any questions regarding the Montessori approach?**

**Will you be able to attend parent meetings and information sessions that are scheduled in the afternoons and evenings?**

**How do you see yourself being involved with the Montessori School of Mauldin?**

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Signature of parent or guardian

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Date

Please **initial** the following:

I have received a copy of the \_\_\_\_\_ Rate Sheet \_\_\_\_\_ Policies

An immunization record is **required** for admission to school. It is attached \_\_\_\_\_ It is not attached \_\_\_\_\_

I have included the registration fee. \_\_\_\_\_ Check \_\_\_\_\_ Cash