

# Infant/Toddler Enrollment Application



**Montessori**  
School of Mauldin  
Since 1977

**PROGRAMS** Please check the program desired:

Infant Environment \_\_\_\_\_ Toddler 1 \_\_\_\_\_  
 Toddler 2 \_\_\_\_\_ Full-time Toddler 2 \_\_\_\_\_ Part-time 8:30am – 11:30 am

**Child's Name** \_\_\_\_\_ Birth Date   /  /    
First Last m m d d y y

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? \_\_\_\_\_

**BROTHERS & SISTERS**

Name Birth Date School now attending Also applying to MSM?

Name Birth Date School now attending Also applying to MSM?

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

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: \_\_\_\_\_

\_\_\_\_\_ Surgery Please list: \_\_\_\_\_

\_\_\_\_\_ Asthma            \_\_\_\_\_ Ear infections            \_\_\_\_\_ Headaches            \_\_\_\_\_ Colicky as a baby  
\_\_\_\_\_ Seizures            \_\_\_\_\_ Convulsions            \_\_\_\_\_ Eye problems            \_\_\_\_\_ Stomach aches  
\_\_\_\_\_ Speech problems    \_\_\_\_\_ Motor development problems            \_\_\_\_\_ Accident where unconscious

**PHYSICAL DEVELOPMENT**

Birth: \_\_\_\_\_ Term: \_\_\_\_\_ Premature: \_\_\_\_\_ Adopted: \_\_\_\_\_

Trauma at birth? \_\_\_\_\_ Early illnesses? \_\_\_\_\_

Rolled over \_\_\_\_\_ (months)            Sat Up \_\_\_\_\_ (months)  
Crawled \_\_\_\_\_ (months)            Walked \_\_\_\_\_ (months)  
Named objects \_\_\_\_\_ (months)            Sentences \_\_\_\_\_ (months)  
Toilet trained \_\_\_\_\_ (date completed)

Sleeping Habits: \_\_\_\_\_ falls asleep easily            \_\_\_\_\_ falls asleep with difficulty  
                                 \_\_\_\_\_ difficulty sleeping through the night            \_\_\_\_\_ difficulty waking

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

Describe your child's adjustment to school or separation from parents: \_\_\_\_\_

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

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

## SCHOOL HISTORY

Name of Current School/Center	Dates Attended	Principal/Head of School	Phone Number
Reason for leaving _____			

May we contact the school? \_\_\_\_\_

Name of Previous School/Center	Dates Attended	Principal/Head of School	Phone Number
Reason for leaving _____			

May we contact the school? \_\_\_\_\_

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

**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?**

**Once enrolled at the Montessori School of Mauldin, would you continue through Primary?**

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

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

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
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