



South County Montessori School, Inc.

Registration Package

Required forms/documents: to be returned before your child's first day at South County Montessori School

- Application Form
- Registration Form
- Emergency Contact Form
- Emergency Treatment Form
- Health and Immunization Record
- Registration fee \$200.00 (paid by cash or check to South County Montessori School)
- Getting to know your Child (this form is not required, but highly recommended as a way for the teaching staff to learn more about your child)

Supplemental Forms:

If your child has an Anaphylactic Allergy, other Medical needs, or Special Needs, please contact Jen at scountymontessori@gmail.com so that we can ensure you have the proper documentation on hand.

South County Montessori School Statement of Diversity

"The needs of mankind are universal. Our means of meeting them create the richness and diversity of the planet. The Montessori child should come to relish the texture of that diversity."
Maria Montessori.

Diversity, respect for all people, and recognition of the dignity inherent in us all are fundamental to South County Montessori School. Here, diversity is a term that includes race, gender, ethnicity, culture, nationality, sexual orientation, social/economic class, physical and learning differences, and religion, as well as other characteristics that families may bring to the School. We strive to maintain an environment in which all - students, alumni, families, faculty, staff, board members, volunteers and visitors - are recognized and valued.

The South County Montessori School admits students of any race, color, gender, sexual orientation, religion, and national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, gender, sexual orientation, religion, and national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.



South County Montessori School, Inc.

APPLICATION FOR ADMISSION FOR SEPTEMBER 20__

Child's name _____ sex _____

Name child is usually called _____

Birthdate _____ Birthplace _____

Parent's full name _____

Home Address with zip code _____

Home telephone _____ Cell _____ E-mail _____

Parent's occupation & business address _____

Business telephone _____ Fax _____ E-mail _____

Parent's full name _____

Home Address with zip code _____

Home telephone _____ Cell _____ E-mail _____

Parent's occupation & business address _____

Business telephone _____ Fax _____ E-mail _____

Community involvement, activities & special interests _____

Is this your biological _____ adopted _____ (at what age?) _____, or foster _____ child?

Are parents separated or divorced? _____

If so, with whom does child live? _____

Who is the legal guardian? _____

To whom should bills be sent? _____

Names & ages of siblings _____

Does your child speak more than one language? ____ Other languages are _____

Schools attended by child with dates-include art, music, and playgroups and please attach any school reports _____

General health of child (please list special health concerns, physical disabilities, serious accidents, hospitalizations, allergies.) _____

How did you become interested in our school? _____

I would like my child to attend:

_____ the morning (Primary) session

_____ the morning (Primary) session
with full care

_____ the morning (Primary) session
with extended care

_____ the morning + Transition

_____ the morning + Transition with
extended care

8:45 a.m.- 11:45 a.m. (ages 3, 4, & 5)

8:45 a.m.- 2:45 p.m.

7:30 a.m.- 5:30 p.m.

8:45 a.m.-2:45 p.m. (mature 4s & 5s)

7:30 a.m.- 5:30 p.m.



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Registration Form

Your Child

Name of Child:

Birthdate:

Name Child is usually called:

Gender:

Home Address

Street:

City:

Home Telephone:

Postal Code:

Parent 1

Parent 2

Name:		
Cell Phone:		
Email Address:		
Employer Name:		
Employer Address:		
Business Telephone:		

Medical Information

Family Physician:

Allergies:

Physician Address:

Other Medical Conditions

Physician Phone:

And Food Intolerances:

Enrollment Information

Circle your Enrollment program below:

Primary Half Day (8:45 to 11:45 AM)

Primary Full Day (8:45 to 2:45 PM)

Primary Extended Day (7:30 to 5:30 PM)

Transition (8:45 to 2:45 PM)

Transition Extended Day (7:30 to 5:30 PM)

Junior (8:45 to 2:45 PM)

Junior Extended Day (7:30 to 5:30 PM)

School Information

Child's previous schooling (if any):

Permissions

Please initial the following

1. I give permission for my child to have his/picture taken at school:
Yes/No
2. Our secure school website features a parent-only page where you can check to see pictures of your child at school. This page is protected by a password, which is revealed to the parents on the first day of each school year. I consent to my child's photos being featured on our private Parent-Gallery: Yes/No
3. I give permission for my child's photographs to be used for our School County Montessori School private Facebook group. Yes/No
4. I give permission for my name, email, and home phone number to be shared with the families in my child's school. Yes/No



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Emergency Contacts

Parent: Phone number at home _____

Cell phone _____

Phone number at work _____

Parent: Phone number at home _____

Cell phone _____

Phone number at work _____

Additional Emergency Contacts:

Name _____

Phone _____

Relationship to child _____

Name _____

Phone _____

Relationship to child _____

Child is picked up from school by _____

For Grandparents Day

South County Montessori School holds Grandparents Day each year, a time the children proudly host their grandparents in their classrooms. Please provide the names and addresses of your child's grandparents so we may include them on our invitation list.

Name _____ Name _____

Address _____ Address _____

City _____ State ____ ZIP _____ City _____ State ____ ZIP _____



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Emergency Treatment – Parent's Authorization

In consideration, I _____ (parent/guardian) hereby authorize South County Montessori School to arrange for emergency medical care for my child _____ (name) should an emergency arise at school or on a field trip. It is understood that a conscientious effort will be made by the school to contact me at any of the emergency numbers I have provided before any medical action is taken. The school has my permission to take my child to the nearest medical treatment center in the event of an emergency.

Parent's / Guardian's signature _____

Home address _____

Home phone _____

Business phone _____

Insurance coverage (include company name and policy number) _____

Field Trip Authorization

I give consent to South County Montessori School to take my child _____ (name) on field trips. It is understood that any field trips scheduled will be posted in the bulletin board at least one week prior to the event.

Signature _____ Date _____



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Getting to know your Child

We'd like to know more about your child through your eyes. The more we know, the better we can tailor an educational and motivational program to fit his or her particular needs.

Child's Name:

1. List five words that best describe your child's character (i.e. competitive, cheerful, perfectionist etc.)
2. What motivates your child?
3. What upsets your child?
4. What are your child's out-of school interests and activities?
5. What activities do you share? What problems/successes do you have when working and playing together?
6. What social skills would you like to see developed?

7. Are there any personal or physical problems we should know (or conference privately)?

8. Other comments or concerns?

Are you comfortable with this information being shared with all our teaching staff?

Yes No

