

# LAKE MURRAY MONTESSORI SCHOOL

312 Elder's Pond Drive - Columbia, SC 29229 - (803) 788-7522

1332 N. Lake Drive - Lexington, SC 29072 - (803) 996-1004

## CHILD ENROLLMENT & MEDICAL CONSENT FORM

Please check one: \_\_\_\_\_ Morning Class \_\_\_\_\_ Extended Class \_\_\_\_\_ All Day

Name of <b>Child</b> (Last) _____	(First) _____	(M.I.) _____	Sex _____
Nickname _____	Date of Birth (Month) _____	(Day) _____	(Year) _____

<b>Father's</b> Full Name _____	Occupation _____	Hrs of Work _____
Home Address _____		
Business Address _____	E-mail Address _____	
Home # _____	Business # _____	Cell Phone # _____

<b>Mother's</b> Full Name _____	Occupation _____	Hrs of Work _____
Home Address _____		
Business Address _____	E-mail Address _____	
Home # _____	Business # _____	Cell Phone # _____

Name of person(s) to be notified in case of an emergency, when parents or guardian are not available:	
Name: _____	Phone: _____
Name: _____	Phone: _____

Names and addresses of all Schools attended:

\_\_\_\_\_  
\_\_\_\_\_

Names and ages of siblings \_\_\_\_\_

Please list any allergies or other pertinent medical information. (Use other side if necessary).

\_\_\_\_\_

I give my consent for emergency medical care or treatment, to be used only if I cannot be reached immediately, and will pay all charges in connection with medical treatment.

I hereby make application for the above named student to be admitted to Lake Murray Montessori School. I have endorsed a non-refundable registration fee of \$ 200.00. I agree to abide by the rules stated in the Lake Murray Montessori School Parent Handbook.

Parent or Guardian Signature:

Today's Date: