

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 Child (Last)	(First)	(M.I.)	Sex
Nickname	Date of Birth (Month)	(Day)	(Year)

Father's Full Name	Occupation	Hrs of Work
Home Address		
Business Address	E-mail Address	
Home #	Business #	Cell Phone #

Mother's 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: