

CHECK LIST FOR SCHOOL RECORDS

STUDENT'S NAME: _____

TO RETURN:

- APPLICATION FOR ENROLLMENT
 - ADMISSION AGREEMENT
 - EMERGENCY CONTACT INFORMATION
 - PERSONAL RIGHTS (LIC 613A)
 - NOTIFICATION OF PARENTS' RIGHTS (LIC 995)
 - CONSENT FOR EMERGENCY MEDICAL TREATMENT (LIC 627)
 - CHILD'S PREADMISSION HEALTH HISTORY – PARENT'S REPORT (LIC 702)
 - IDENTIFICATION AND EMERGENCY INFORMATION (LIC 700)
 - PHYSICIAN'S REPORT (LIC 701)
- TO BE TAKEN TO THE DOCTOR'S OFFICE TO BE FILLED & RETURNED
- IMMUNIZATION REPORT (YELLOW CARD)
- A COPY OF THE CHILD'S YELLOW IMMUNIZATION CARD
- IMS INSTRUCTIONS

TO KEEP:

- DMS TUITION & HOLIDAY SCHEDULE

APPLICATION FOR ENROLLMENT

STUDENT'S NAME: _____

Sex: M F Age: _____ Birth Date: _____/_____/20_____

Home Address: _____ Home Phone: _____

Father's Name: _____ Mother's Name: _____

Social Security: _____ - _____ - _____ Social Security: _____ - _____ - _____

ID/Driver's License #: _____ ID/Driver's License #: _____

Occupation: _____ Occupation: _____

Workplace Name: _____ Workplace Name: _____

Work Address: _____ Work Address: _____

Work Phone: _____ Work Phone: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Email Address: _____ Email Address: _____

Tuition Program:

- Full Time Program (more than 8 hours a day)
 - 5 days per week 4 days per week 3 days per week
- Montessori Full Time Program (8 hours a day)
 - 5 days per week 4 days per week 3 days per week
- Half Day Program (4 hours a day)
 - 5 days per week 4 days per week 3 days per week

Average Daily Drop Off Time: _____ Average Daily Pick Up Time: _____

I (We) hereby apply for admission of my child to Discovery Montessori Preschool & Kindergarten (DMS) and have enclosed the required NON-refundable application fee of \$50.

Signed (Parent) _____ Date: _____

Signed (Parent) _____ Date: _____

For office use only

Date of Enrollment: _____ Last Day of Enrollment: _____